# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 4429

(1) PLACE OF BIRTH

County of [illegible]

Township of Bishopville

or Inc. Town of .....

or City of .....

Registration District No. 2000 ..... Registered No. 3 .....
(For use of Local Registrar)

(No. ..... St.: ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Brent Brother

(If child is not yet named, make supplemental report as directed)

(3) Boy or Girl: [illegible]

(4) Twin or Triplet: 2

(5) Number in order of birth:

(6) Are Parents Married: Yes

(7) Date of Birth: Feb 28 1943 (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

| FATHER | MOTHER |
|---|---|
| (8) Full Name: Eli Brother | (14) Maiden Name: Lizzie Lippell |
| (9) Present Postoffice of Father: Bishopville S.C. R1 | (15) Present Postoffice of Mother: Bishopville S.C. R1 |
| (10) Color or Race: [illegible] | (16) Color or Race: [illegible] |
| (11) Age at Last Birthday: 30 (Years) | (17) Age at Last Birthday: 31 (Years) |
| (12) Birthplace: [illegible] | (18) Birthplace: [illegible] |
| (13) Occupation: Farmer | (19) Occupation: Housewife |
| (20) Number of children born to mother, including present birth: [illegible] | (21) Number of children of this mother now living, including present birth: [illegible] |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 3:15 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Martha Dozier
(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Bishopville S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

Date Sep 30 1943 (28) Dora H. Lowry
Local Registrar

*When there was no attending physician or midwife, the father, homeopathic, etc., should make this return. If a child breathes after being born, it is a living child, regardless of the length of pregnancy.

MARGIN RESERVED FOR BINDING.

WHEN PLACED, WITH 1 ORIGINAL, AND—THIS AS A PERMANENT RECORD IN CASE OF TWINS OR TRIPLETS see a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

Bureau of Statistics, Columbia, S. C.