

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia

(1) PLACE OF BIRTH

County of Laurens
Township of Youngs
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46734

Registration District No. 2408 Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child Eliza Brewster

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 17
To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH Jan 21 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Shelton Brewster

(9) PRESENT POSTOFFICE OF FATHER Brook

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Brook

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Orby

(15) PRESENT POSTOFFICE OF MOTHER Brook

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Brookdale S.C.

(19) OCCUPATION housekeeper

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) R. E. Harris

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 2/14 1914 (28) R. E. Harris Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.