

MARGIN RESERVED FOR INDEXING.  
 WHEN FILING IN THIS IS A PERMANENT RECORD.  
 N. B.—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.

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of Harvin  
 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  
**63078**

Registration District No. 316 Registered No. 72  
 (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (2) Full Name of Child... Lula Marie Brandon

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 21 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Christopher Brandon  
 (9) PRESENT POSTOFFICE OF FATHER unknown  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45 (Years)  
 (12) BIRTHPLACE Anderson Co, S.C.  
 (13) OCCUPATION Harvin  
 (14) Number of children born to mother, including present birth 8

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lula Weston  
 (15) PRESENT POSTOFFICE OF MOTHER Liberty S.C. B#2  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Anderson Co S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Brandon  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report ..... 191.....  
 Registrar

(26) Witness W. L. Carey (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 7/9 1916 (28) W. L. Carey Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If  
 before the fifth month of pregnancy.