

## (1) PLACE OF BIRTH

County of

Bamberg

Township of

3 mile

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No.

404

Registered No.

76

(For use of Local Registrar)

(2) Full Name of Child Ervin Breland

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

10

To be answered only in event of twins or triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 19, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Elliott Breland

(9) PRESENT POSTOFFICE OF FATHER

Elhardt. S.C

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Bamberg Co.

(13) OCCUPATION

Farmer

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

10

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Orr

(15) PRESENT POSTOFFICE OF MOTHER

Elhardt. S.C

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Bamberg Co

(19) OCCUPATION

housewife

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

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 a 2 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mariab Grant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeElhardt. S.C

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

6/26

191

6

(28)

E. Henderson

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.

WRITE PLAINLY, WITH LEADING LETTERS CAPITALIZED. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BOARD FOR EACH CHILD, AND NUMBER THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 5, McCaw of Columbia.

File No. For State Registrar Only

63124