

## (1) PLACE OF BIRTH

County of Bamberg  
Township of 3 mileor  
Inc. Town of  
or

City of

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

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

63124

Registration District No. 404 Registered No. 76  
(For use of Local Registrar)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? No (5) Number in order of birth 10 (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 Richardt. 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 Richardt. 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 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mariala Grant(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Richardt. S.C

Given name added from a supplemental report

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Registrar

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

(27) Filed 6/26 1916 (28) G. 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 IN FULL CAPITALS. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BOARD FOR EACH CHILD, AND MARK THE BOARD WITH "TWIN" OR "TRIPLET". IN CASE OF TWINNING, MARK THE BOARD WITH "TWIN" OR "TRIPLET".  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BOARD FOR EACH CHILD, AND MARK THE BOARD WITH "TWIN" OR "TRIPLET".  
FIRST-BOUN. No. 1. THE OTHER. No. 2. ETC. IN QUESTION 5.  
McGraw-Hill, Columbia.