

(1) PLACE OF BIRTH

County of Anderson
 Township of Carver

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
47992

Inc. Town of Registration District No. 304 Registered No. 16
 (For use of Local Registrar)
 City of (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 Raymond Brewster 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 7, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Brewster

(9) PRESENT POSTOFFICE OF FATHER Starr S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (Years)

(12) BIRTHPLACE Georgia

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Birda Simpson

(15) PRESENT POSTOFFICE OF MOTHER Starr S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE Anderson Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Hennietta Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Starr S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Feb. 9, 1916 (28) S. M. McAdams 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.

MAKING UNRECORDED FOR BINDING. WRITING PLAINLY, WITH UNFADING INK—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.