

FORM NO. 1.

(1) PLACE OF BIRTH

County of MaconTownship of Macon

or

Inc. Town of Macon

or

City of Macon

(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

49822

Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Virginia Beale Brissett

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>Is to be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 28</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Thomas H. Brissett(9) PRESENT POSTOFFICE OF FATHER Macon, Ga.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Macon, Ga.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Beale Wolfe(15) PRESENT POSTOFFICE OF MOTHER Macon, Ga.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Macon, Ga.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Phyllis H. Brissett

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Macon, Ga.

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 Micha 6 (28) Arthur R. Brissett 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.

MARGIN RESERVED FOR BINDING. WHITE 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.