

1. PLACE OF BIRTH

County of Lexington

Township of Bellview Hollow

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

90828

Registration District No. 2

Registered No.

(For use of Local Registrar)

(No.)

St.

Ward)

2) Full Name of Child

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

3) BOY OR GIRL? girl

(4) Twin or Triplet? no

(5) Number in order of birth 1

(6) Are Parents Married? no

(7) DATE OF BIRTH Dec. 24 1916
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Weph. Brocy

9) PRESENT POSTOFFICE OF FATHER Bellview St.

10) COLOR negro

11) RACE negro

12) BIRTHPLACE S.C.

13) OCCUPATION farming

14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Jessie Gray

15) PRESENT POSTOFFICE OF MOTHER Bellview St.

16) COLOR negro

17) RACE negro

18) BIRTHPLACE S.C.

19) OCCUPATION Housewife

20) 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 alive at 3:4 a.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) R. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bellview

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 Jan 1 191...

(28) J. H. Smith

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.

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