

MARGIN RESERVED FOR BINDING.

WRITE 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.

Caw. of Columbia.

(1) PLACE OF BIRTH

County of Wm. Burg.Township of Kingor
Inc. Town of

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

75093

Registration District No. 4302 Registered No. 69

(For use of Local Registrar)

(2) Full Name of Child Jos Lee Brasley { If child is not yet named, make supplemental report as directed

(3) <u>BOY OR GIRL</u> <u>Boy</u>	(4) <u>Twins or Triplet?</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 1-</u> (Name of Month) (Day) (Year)
--------------------------------------	--	------------------------------	---------------------------------------	---

FATHER.

(8) FULL NAME Samuel Brasley(9) PRESENT POSTOFFICE OF FATHER Kingston S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Wm. Burg Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Litia Cunningham(15) PRESENT POSTOFFICE OF MOTHER Kingston S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Wm. Burg Co.(19) OCCUPATION Wife of Farmer(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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Herax Love

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

Midwife 1 E. King St.

Given name added from a supplemental report

Aug 11 1914J. B. Coates

Registrar

(26) Witness Samuel Brasley
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 11 1914 (28) B. B. Coates
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.