

## (1) PLACE OF BIRTH

County of Georgetown

Township of .....

or

Inc. Town of .....

or

City of 43

(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

Registration District No. 7102 Registered No. 27

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Jack McBrat

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 14 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Henry McBrat(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE A.S.(13) OCCUPATION laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE William McBrat(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE A.S.(19) OCCUPATION housewife(20) Number of children born to mother, including present birth 1(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 20 1/2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. McBrat

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Georgetown

Given name added from a supplemental report

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

(27) Filed 1923 (28) W. H. McBrat Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.