CERTIFICATE OF BIRTH

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

File No. 25626 — For State Registrar Only

(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or Inc. Town of .....

or City of Abbeville (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. Alley St.; 152 Ward)

Registration District No. 1-a Registered No. 91 (For use of Local Reistrar)

(2) Full Name of Child Rachel Elizabeth Brasmow If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 26th 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Brasmow

(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Richmond, Va

(13) OCCUPATION Rail Road

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Wilson

(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Abbeville County

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:20 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Power M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Abbeville S.C.

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 191

(28) ..... 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.

WHITE PLANET, WHITE PAPER, INC. — 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 OTHERS, No. 2, etc., in question 5.