

(1) PLACE OF BIRTH

County of York
 Township of Northside
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

5507

Registration District No. 14401 Registered No. 18
 (For use of Local Registrar)

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

(2) Full Name of Child Jane Brandon (If child is not yet named, make supplemental report as directed)

(1) SEX OF CHILD (1) (2) TIME OF BIRTH 10 (3) NUMBER IN ORDER OF BIRTH 1 (4) AGE OF MOTHER yo (5) DATE OF BIRTH Feb 6 1923
 (Name of Month) (Day) (Year)

FATHER. (6) FULL NAME Samuel S. Brandon (7) NAME BEFORE MARRIAGE Maggie Smith
 (8) PRESENT POSTOFFICE OF FATHER Rock Hill Rd. #1 (9) PRESENT POSTOFFICE OF MOTHER Rock Hill Rd. #1
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 43
 (14) BIRTHPLACE S.C. (15) BIRTHPLACE S.C.
 (16) OCCUPATION Farmer (17) OCCUPATION Housewife
 (18) Number of children born to mother, including present birth 91 (19) Number of children of this mother now living, including present birth 91

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 4:20 on the date above stated. (Be sure alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) David C. Bess (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report
 (24) Witness (signature of Witness necessary only when question 22 is signed by mark) 3/8/23
 (25) Filed 3/8/23 (26) Local Registrar J. D. Smith

*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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