

(1) PLACE OF BIRTH

County of Union
 Township of Prichard
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
30443

Registration District No. 4225 Registered No. 37
 (For use of Local Registrar)

(2) Full Name of Child

L. S. Brandon

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

3) BOY OR GIRL Boy 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married yes 7) DATE OF BIRTH (Month) (Day) (Year) Sept 10 1923

FATHER

8) FULL NAME Wallace Brandon
 9) PRESENT POSTOFFICE OF FATHER Mt. Labor S.C.
 10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 27 (Year)
 12) BIRTHPLACE Union S.C.
 13) OCCUPATION Farming
 14) Number of children born to mother, including present birth 3

MOTHER

14) NAME BEFORE MARRIAGE Cecil List
 15) PRESENT POSTOFFICE OF MOTHER Mt. Labor S.C.
 16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 22 (Year)
 18) BIRTHPLACE Union S.C.
 19) OCCUPATION Farming
 20) 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 Born alive & P.M. (Born alive or stillborn) (Sex M. or F. M.)
 on the date above stated.

(23) (Signature) Sophia List
 (24) State whether Physician or midwife midwife (25) Address of Physician or Midwife Mt. Labor S.C.

Give name added from a supplemental report

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

(27) Filed Oct 8 1923 (28) H. H. Hallman 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.