

(1) PLACE OF BIRTH

County of York
 Township of Bulluck Creek
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar
5517

Registration District No. 449 Registered No. 7
 (For use of Local Registrar)

(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 L. B. Bratton If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Type or Infant To be answered only in case of Twin or Triplets (5) Are Twins Monovulvar yes (6) DATE OF BIRTH Feb 22 23 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Joshua Bratton</u>	(14) NAME BEFORE MARRIAGE <u>Martha Jane Wilks</u>	(18) PRESENT RESIDENCE OF FATHER <u>Bulluck Creek S.C.</u>	(18) PRESENT RESIDENCE OF MOTHER <u>Bulluck Creek S.C.</u>
(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>York Co S.C.</u>	(12) BIRTHPLACE <u>York Co S.C.</u>	(16) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Labadie

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lowville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 7 1923 (28) W. G. Smithell 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.