

Form No. 1

## (1) PLACE OF BIRTH

County of WilliamsTownship of Jordan

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

1946

Registration District No. 4304 Registered No. 32  
(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 Ruby Braun (If child is not yet named, make supplemental report as directed)3 SEX OR  
ONLYGirl4 Twin  
or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married?Yes

(7) DATE OF

BIRTH Feb 3, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMENorman B Braun(9) PRESENT  
POSTOFFICE  
OF FATHERHammerway St(10) COLOR  
OR  
RACECal (11) AGE AT LAST  
BIRTHDAY 38  
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming(14) Number of children born to  
mother, including present birth10

## MOTHER.

(14) NAME BEFORE  
MARRIAGEDaisy Presley(15) PRESENT  
POSTOFFICE  
OF MOTHERHammerway St(16) COLOR  
OR  
RACECal (17) AGE AT LAST  
BIRTHDAY 33  
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Mulla Gail York

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hammerway StGiven name added from a supplement-  
al report

(26) Witness

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

(27) Filed

5/21 1923

(28)

Local Registrar.

19  
RegistrarWhen 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.