

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY. WITH UNFADING INK—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 OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Chamber

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19955

Registration District No. 302

Registered No. 1441

(For use of Local Registrar)

(No. 1151 Olympian Ave St.: Ward)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? —

(5) Number in order of birth
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jun 8 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bernhard Braun

(9) PRESENT POSTOFFICE OF FATHER 1151 Olympian Ave

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Germany

(13) OCCUPATION Black Smith

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Brutsche

(15) PRESENT POSTOFFICE OF MOTHER 1151 Olympian Ave

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Germany

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Osam L. Barlow

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Chamber

Given name added from a supplemental report

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

(27) Filed 6/13/22 (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.

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.