

(1) PLACE OF BIRTH

County of Anderson
 Township of Port

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
 28787

Inc. Town of or
 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 Ernest Malcolm Branyow. { 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 Sept. 24 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. P. Branyan

(9) PRESENT POSTOFFICE OF FATHER Louville, SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Bertie Lee Anderson

(15) PRESENT POSTOFFICE OF MOTHER Louville, SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Ga.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth { 1 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Watson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

M. B. Woodward, M.D., 191...

1/16/12 Registrar

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

(27) Filed 6.6.10.1912 (28) J. P. Hallaway 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.

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