

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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 Columbia S.C.
OR
Inc. Town of.....
OR
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

No. 1.—For State Registrar Only

36187

Registration District No. 3..Fa. Registered No. 1561
(For use of Local Registrar)

(2) Full Name of Child Lernoe Brann (No. Taylor St.; Ward)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? + (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Brann
(9) PRESENT POSTOFFICE OF FATHER Cal S.C.
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 49 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Watson
(15) PRESENT POSTOFFICE OF MOTHER Cal S.C.
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 46 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... Alive Oct 13 1922 at 7:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marie Myers

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Columbia S.C. 4 Box 16

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered)

(27) Filed 10-23-22 (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.

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