

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*City of *Charleston*

(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. *687*Registration District No. *1107* Registered No. *3*

(For use of Local Registrar)

(2) Full Name of Child *Richard Hedrick Brawley* If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <i>Boy</i>	(4) Twin or triplet <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parent Married <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 15 22</i>
(8) FULL NAME <i>Bee Buggs Brawley</i>		(14) NAME BEFORE MARRIAGE <i>Georgia Mae Cobb</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Charleston P.C. Rm #3</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Charleston P.C. Rm #2</i>		
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>27</i>	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>21</i>	
(12) BIRTHPLACE <i>Charleston County P.C.</i>		(18) BIRTHPLACE <i>Gastonia N.C.</i>		
(13) OCCUPATION <i>weaver</i>		(19) OCCUPATION <i>domestic</i>		
(20) Number of children born to mother, including present birth <i>2</i>		(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *R. H. B. Brawley* (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Charleston P.C.*

Given name added from a supplemental report

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

(27) Filed *Jan 29 1922* (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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