

Form No. 3

(1) PLACE OF BIRTH

County of CharlestonTownship of Beaufortor
Inc. Town ofor
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

File No.—For State Registrar Only

48615

Registration District No. 17.07 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Edna Belle Braxton { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb. 18, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME	(14) NAME BEFORE MARRIAGE <u>Rosal Braxton</u>
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Widdendorf</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>
(11) AGE AT LAST BIRTHDAY (Years)	(17) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE	(18) BIRTHPLACE <u>Cherau</u>
(13) OCCUPATION	(19) OCCUPATION <u>Farmer Labourer</u>
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thelma Hankins

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

Midwife Widdendorf

Given name added from a supplemental report

(26) Witness Rachel Smith
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 181 (28) D. J. Matheson
by 5 mg 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.

MADE BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA

THIS IS A PERMANENT RECORD. IN THE 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.

McKenney, of Columbia.