

MARGIN RESERVED FOR BINDING.
WRITE 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.
McGaw, of Columbia.

(1) PLACE OF BIRTH
County of Charleston
Township of
or
Inc. Town of
or
City of Charleston (No. 4 Parkwood Ave.)
(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
48279

Registration District No. 9A Registered No. 142
(For use of Local Registrar)

(2) Full Name of Child Corine Mitchell Branyon { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u> </u> <small>(Take account only in case of Twins or Triplets)</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 29</u> 19 <u>26</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Edward A Branyon, D.D.S.</u>			(14) NAME BEFORE MARRIAGE <u>Olie L. Mitchell.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>S. C.</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>		
(13) OCCUPATION <u>Dentist.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(19) OCCUPATION <u>Housewife.</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	
(20) Number of children born to mother, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 6:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Harwood
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife 81 Wentworth St.

Given name added from a supplemental report
..... 1926.....
.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
J. Marcell
Local Registrar

(27) Filed 7/11 1926

*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.