(1) PLACE OF BIRTH

County of Florence

Township of .....

or

Inc. Town of .....

or

City of Florence S.C. (No. Samaritan Memorial Hosp. Ward)

(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: 24365

Registration District No. 2A Registered No. 256

(For use of Local Registrar)

(2) Full Name of Child Dawn Nadine Bragdon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth First

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept - 10 - 1923 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Ernest Parker Bragdon	(14) NAME BEFORE MARRIAGE Gertrude Taylor.
(9) PRESENT POSTOFFICE OF FATHER Florence S.C.	(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 yrs (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 yrs (Years)
(12) BIRTHPLACE Florence S.C.	(18) BIRTHPLACE Glenwood Ky
(13) OCCUPATION Mechanic	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth First	(21) Number of children of this mother now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 P. M. (Hour) on the date above stated.

(23) (Signature) Dr. J. M. Barnwell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

.....

..... 19 ....

Registrar

(26) Witness .....

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

(27) Filed Sept. 14 1923 (28) P. A. Bushany M.D. 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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