

## (1) PLACE OF BIRTH

County of .....

Township of .....

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.)

(2) Full Name of Child Harmon L. Bracy If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH March 6, 1933  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Bracy

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 40 (Year)

(12) BIRTHPLACE Sumter S.C.

(13) OCCUPATION Livery Stable Man

(14) NAME BEFORE MARRIAGE Sarah J. Bracy

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 43 (Year)

(18) BIRTHPLACE Manning S.C.

(19) OCCUPATION Housekeeping

(20) Number of children born to mother, including present birth 8

(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) mid wife Agnes Joe (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness mid wife Agnes Joe (Signature of Witness necessary only when question 22 is signed for mark)

(27) Filed ..... (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.