

(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

File No.—For State Registrar Only

4310

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Feb. 22, 1928
FATHER.		MOTHER.		
(8) FULL NAME Robert Branham	(14) NAME BEFORE MARRIAGE Allie Cook			
(9) PRESENT POSTOFFICE OF FATHER Westville	(15) PRESENT POSTOFFICE OF MOTHER Westville			
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 35	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 28	
(12) BIRTHPLACE SC	(18) BIRTHPLACE SC			
(13) OCCUPATION Farmer	(19) OCCUPATION House wife			
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **alive** at **3 P.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Harriet Sinesdale**(24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Westville SC**

Given name added from a supplemental report

(26) Witness **Mrs. D. A. Jones**

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed **7/10 1928** (28) **J. H. Barfield** Local Registrar

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.