

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town of Cherokee Fallsor
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

71885

Registration District No. 1000A Registered No. 876

(For use of Local Registrar)

(2) Full Name of Child

Braunon

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 51

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH August 14 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

R. B. Braunon

(9) PRESENT POSTOFFICE OF FATHER

Blacksburg S.C. RFD #3(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE

Union Co S.C.

(13) OCCUPATION

Farmer

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

51

MOTHER.

(14) NAME BEFORE MARRIAGE

Willie Hardin

(15) PRESENT POSTOFFICE OF MOTHER

Blacksburg S.C. RFD #3(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE

Cleveland Co NC

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Roberts(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blacksburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 21 1916

(28)

J. K. Neal 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.

MARGIN RESERVATION FOR BINDING. WHERE 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.

McGraw, of Columbia.