

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

1946

Registration District No. 43-4

Registered No. 33

(For use of Local Registrar)

(No. 64; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Helen Lyndine Bran

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

3 BOY OR GIRL

Girl

4 Twin or Triplet

5 Number in order of birth

6 Are Parents Married

Yes

7 DATE OF BIRTH

Feb 16, 1923

(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME

George Bran

9 PRESENT POSTOFFICE OF FATHER

Hempway N.C.

10 COLOR OR RACE

Col

11 AGE AT LAST BIRTHDAY

23

12 BIRTHPLACE

S.C.

13 OCCUPATION

Farming

MOTHER.

14 NAME BEFORE MARRIAGE

Leticia Scott

15 PRESENT POSTOFFICE OF MOTHER

Hempway N.C.

16 COLOR OR RACE

Col

17 AGE AT LAST BIRTHDAY

18

18 BIRTHPLACE

S.C.

19 OCCUPATION

Housewife

20 Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was at M.. (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

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

(28) Filed

Feb 16, 1923

(29)

Local Registrar.

19 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.