

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85620

Registration District No. 2009 Registered No. 120

(For use of Local Registrar)

St.; Ward)

(No. ...)

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

(2) Full Name of Child. Clara A. Bragdon

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. B. Bragdon

(9) PRESENT POSTOFFICE OF FATHER

Lake City SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY (Years)

27

(12) BIRTHPLACE

Florence Co SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Perrett

(15) PRESENT POSTOFFICE OF MOTHER

Lake City SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY (Years)

27

(18) BIRTHPLACE

Florence Co SC

(19) OCCUPATION

House wife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

on the date above stated.

(23) (Signature)

Corrugation Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lawrence SC

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

11/14/1916

(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.

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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.

McCraw, C. C. Registrar

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