

(1) PLACE OF BIRTH

County of PickensTownship of Pickens

City of

or

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

No.

(2) Full Name of Child Sarah Elizabeth Brayeale

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8252

Registration District No. 3706Registered No. 35-

(For use of Local Registrar)

Ward)

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 9 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Sherriff Brayeale(9) PRESENT POSTOFFICE OF FATHER Pickens Co. S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Pickens Co.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 2

MOTHER

(15) NAME BEFORE MARRIAGE Mary Morgan(16) PRESENT POSTOFFICE OF MOTHER Pickens Co. S.C.(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 20

(Years)

(19) BIRTHPLACE Anderson Co. S.C.(20) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.(23) (Signature) L. D. Ball

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Even name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

191

(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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