

MAINTAINED FOR BINDING.

WHITE TWINN, 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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

(1) PLACE OF BIRTH
County of York
Township of Bethesda
or
Inc. Town of _____
or
City of _____ (No. _____ St. _____ Ward _____)
(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
9507

Registration District No. 4401 Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child James Bratton 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 3 1922
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Walter Bratton (14) NAME BEFORE MARRIAGE Mary Bratton

(9) PRESENT POSTOFFICE OF FATHER Guthrieville S.C. (15) PRESENT POSTOFFICE OF MOTHER Guthrieville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(Year) (Year)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Farming (19) OCCUPATION House & field work

(20) Number of children born to mother, including present birth five (21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alone at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ruth Hall (Col.) (24) State whichever Physician or Midwife (25) Address of Physician or Midwife Guthrieville

Given name James added from a supplemental report

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

(27) Date Mar 10 1922 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it can not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.