

(1) PLACE OF BIRTH

County of Anderson
 Township of North
 or
 Inc. Town of
 or
 City of

7/6/19
CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

13606

Registration District No. 305Registered No. 53
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>yes</u>	(Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Lee Braxton</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Claxton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Farmville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Farmville, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>2</u> (Years)	(16) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(13) OCCUPATION <u>carver</u>			(18) BIRTHPLACE <u>S.C.</u>	
			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) J. J. Gallant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Farmville, S.C.

Given name added from a supplemental report

(26) Witness

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

19 ..
 Registrar(27) Filed Aug. 14 19 ..(28) J. J. Gallant
 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 must not be reported a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.