

(1) PLACE OF BIRTH

County of PickensTownship of Centralor
Inc. Town ofor
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

5408

Registration District No. 820 Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Henry Brannen { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 5 1922 (Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Lester M. Brannen
(9) PRESENT POSTOFFICE OF FATHER Catechee, S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Weaver in Cotton Mill
(22) Number of children born to mother, including present birth 3MOTHER.
(14) NAME BEFORE MARRIAGE Bertie Parry
(15) PRESENT POSTOFFICE OF MOTHER Catechee, S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION ✓
(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 Born alive at 11 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. L. Webb(24) State whether Physician or Midwife (25) Address of Physician or Midwife Catechee, S. C.

Given name added from a supplemental report

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

(27) Filed Mar. 1, 1922 (28) J. L. Brannen 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.

Registrar

Local Registrar.

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BORN NO. 1

VITAL RECORDS

In case of TWINS or TRIPLETS use a SEPARATE HEADLINE for each child, and mark the FIRST-BORN, No. 1, and OTHER, No. 2, etc., in question 5.

N. B.

M. C. W.