

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Williamston  
 or  
 Inc. Town of Ridgeway  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13545

Registration District No. 38Registered No. 78

(For use of Local Registrar)

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

## (2) Full Name of Child

(3) BOY OR GIRL Male (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 14 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME J. S. Brainer  
 (9) PRESENT POSTOFFICE OF FATHER Plyer S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Year)  
 (12) BIRTHPLACE Anderson County  
 (13) OCCUPATION Mill work

## MOTHER

(14) NAME BEFORE MARRIAGE Ada Fleming  
 (15) PRESENT POSTOFFICE OF MOTHER Plyer S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)  
 (18) BIRTHPLACE Ga  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Plyer S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) June 7 1922(28) W. R. Smith 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 28th month of pregnancy.