

## (1) PLACE OF BIRTH

County of ClarendonTownship of Clarendon Millor  
Inc. Town of .....or  
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

2780

Registration District No. 1314 Registered No. 6  
(For use of Local Registrar)(2) Full Name of Child Hoodaew Wilson Braxton If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 15, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Cleve Braxton(9) PRESENT POSTOFFICE OF FATHER Alcolu S.C.(10) COLOR OR RACE W. White (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Wm.burg Co., S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Pack(15) PRESENT POSTOFFICE OF MOTHER Alcolu, S.C.(16) COLOR OR RACE W. White (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Clarendon Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Cleve Braxton  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 22, 22 (28) R. E. Thompson  
Registrar 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.