

(1) PLACE OF BIRTH

County of Alleghdale

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4600 Registered No. 115

(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 Allen Bratham If child is not yet named, make supplemental report as directed(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE Nov 2nd 1923

(8) BIRTH (Name of Month) (Day) (Year)

FATHER

(9) FULL NAME Ollie Bratham(10) PRESENT RESIDENCE OF FATHER Wmms S.C.(11) COLOR Black (12) AGE AT LAST BIRTHDAY 39 (Year)(13) BIRTHPLACE S.C.(14) OCCUPATION Farmer(15) Number of children born to mother, including present birth 1

MOTHER

(16) NAME BEFORE MARRIAGE Carrie Oriester(17) PRESENT RESIDENCE OF MOTHER Wmms S.C.(18) COLOR Black (19) AGE AT LAST BIRTHDAY 36 (Year)(20) BIRTHPLACE S.C.(21) OCCUPATION Farm Labor(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 7:30 M., on the date above stated. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wmms S.C.(26) Signature Dora Oriester(27) Given name added from a supplemental report F. H. Boyd(28) Witness F. H. Boyd

(29) Signature of Witness necessary only when question 28 is signed by party

(30) Date Nov 14 1923 (31) Local Registrar F. H. Boyd

(32) When taken by an attending physician or midwife, then the father, householder, etc. should make this return. If a child dies before even born, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.