

(1) PLACE OF BIRTH

County of RichlandTownship of TownOF
Inc. Town ofOF
City of Canterbury

(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 HealthNo. 29997Registration District No. 352 Registered No. 250
(For use of Local Registrar)(2) Full Name of Child Abbie Bratton

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be covered only in event of Twin or Triplet (5) Number in order of birth 1st (6) Sex girl (7) DATE OF BIRTH Aug 21 1923
(Month) (Day) (Year)FATHER. (8) FULL NAME William Bratton (14) NAME BEFORE MARRIAGE girl Anderson(9) PRESENT RESIDENCE OF FATHER Gadsden 2.956 SC (15) PRESENT RESIDENCE OF MOTHER Gadsden SC R 52(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE Kingville SC (18) BIRTHPLACE Kingville SC(13) OCCUPATION public work (19) OCCUPATION house work(20) Number of children born to mother, including present birth 3 (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 Alive 6 at P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mellie Jackson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7-23-23 (28) Mellie Jackson 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.