

(1) PLACE OF BIRTH

County of Proctor
 Township of Proctor
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

For Use—For State Registrar Only

5310

Registration District No. 4010 Registered No. 13
 (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 Alvan D. Bragg If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age from marriage <u>22</u>	(7) DATE OF BIRTH <u>Feb 11, 1923</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Albert Bragg</u>			(14) NAME BEFORE MARRIAGE <u>Iva Gustafson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Proctor</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Proctor</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(12) BIRTHPLACE <u>D.C.</u>			(18) BIRTHPLACE <u>C</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Teacher</u>	
(20) Number of children born to mother, including present birth <u>15</u>			(21) Number of children of this mother now living, including present birth <u>15</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplemental report)

James S. Bragg
May 18, 1923
 Registrar

(26) Witness

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

(27) Filed

Feb 27, 1923

(28)

J. H. Heath
 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.

MASSACHUSETTS BUREAU OF VITAL RECORDS
 WITH PLAIN. WITH SUPPLEMENTAL REPORTS AS A SEPARATE BLANK FOR EACH CHILD, and used for
 M. B.—the use of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and used for
 FIRST-BORN. No. 1. THIS OTHER. No. 2. etc. in question 1.