

(1) PLACE OF BIRTH

County of Granville
 Township of Bates
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

18762

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twin or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 4, 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>W. H. Bramlett</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Herman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Harlem's Rest W.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumner</u>	
(10) COLOR OR RACE <u>N.</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(11) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>N.C.</u>	
(12) OCCUPATION <u>Herman</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Sumner S.C. 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. Starnes
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M.D.

Given name added from a supplemental report

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

(27) Filed July 22, 1922 (28) E. C. Starnes 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.

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