

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Manningor
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

17257

Registration District No. 13ARegistered No. 16
(For use of Local Registrar)(2) Full Name of Child Albert Lawrence Braginton

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lawrence Braginton(9) PRESENT POSTOFFICE OF FATHER Manning(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33

(Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE Johna Mary Pittman(15) PRESENT POSTOFFICE OF MOTHER Manning(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 32 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Manning S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed July 9, 1923(28) A. White

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If a stillbirth 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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