

(1) PLACE OF BIRTH

County of DarlingtonTownship of Lowndes

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

29864

Registration District No. 1504Registered No. 96
(For use of Local Registrar)

St. Ward

(2) Full Name of Child Marguerite Braxton

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 8 5 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Josh Braxton(9) PRESENT POSTOFFICE OF FATHER Lowndes S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Darlington C.S.C.(13) OCCUPATION Harmonist(20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Opheia Taylor(15) PRESENT POSTOFFICE OF MOTHER Lowndes S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Darlington C.S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was at 4:30 A.M.,
on the date above stated. (Born alive) (Hour A. M. or P. M.)(23) (Signature) G. W. Parrell, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lowndes S.C.

Given name added from a supplemental report

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

(27) Filed Oct 12 1922 (28) R J Chaplin Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.