

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofCity of Columbia

(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

4275

Registration District No. 38 Registered No. 162

(For use of Local Registrar)

(No. 224 Williams St.)

(M. Ward)

(2) Full Name of Child Dannette Rosa Lee Roy Brayboy If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? f (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? y (7) DATE OF BIRTH Feb. 20, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dalton Lee Roy Brayboy(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22
(Years)(12) BIRTHPLACE Williamsburg Co. S.C.(13) OCCUPATION Septile worker(14) Number of children born to mother including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Belle Fulmer(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE Orangeburg S.C.(19) OCCUPATION sewer(20) Number of children of this mother now living, including present birth One

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.

(23) (Signature) J. A. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianColumbia 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 Mar. 30, 1923(28) J. A. ... Registrar

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.