

(1) PAGE OF RECORD

County of Greenville SCTownship of Piedmont SCLoc. Town of 7/2/23City of 7/2/23

(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

3080

Registration District No. 22 CRegistered No. 5

(For use of Local Registrar)

(No. 5 / 2 / 23 St. 23 Ward)

(2) Full Name of Child

Shirley Brazil

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?

(7) DATE OF BIRTH

7/2/23

also (6)

FATHER.

(8) FULL NAME

Perry Brazil

(9) PRESENT POSTOFFICE OF FATHER

Piedmont SC

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

NC

(13) OCCUPATION

Yacht work

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

2

(15) NAME BEFORE MARRIAGE

Albie Leathers

(16) PRESENT POSTOFFICE OF MOTHER

Piedmont SC

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

19

(19) BIRTHPLACE

SC

(20) OCCUPATION

domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7/2/23 at 2 M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7/2/23(28) J. La. Bell 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.