

(1) PLACE OF BIRTH

County of Colleton

Township of

Inc. Town of Cottageville

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

Registration District No. 405No. 31000 - For State Registrar Only31000Registered No. 35498

(For use of Local Registrar)

(2) Full Name of Child Do not know

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

(3) BOY OR GIRL boy (4) Twin or Triplet 1 (5) Number in order of birth 2 (6) Sex Yes (7) DATE OF BIRTH 9-11-23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Clifton Bracken</u>	(14) NAME BEFORE MARRIAGE <u>Ray J. J. J.</u>	(9) PRESENT RESIDENCE OF FATHER <u>St George 2 C</u>	(15) PRESENT RESIDENCE OF MOTHER <u>St George 2 C</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>St George 2 C</u>	(18) BIRTHPLACE <u>Cottageville 2 C</u>	(13) OCCUPATION <u>Farmer</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 alive at 6 A.M. on the date above stated. (Born alive or stillborn: (Hour A. M. or P. M.))(23) (Signature) W. E. Johnson

(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 23 is signed by mark)

(27) Filed Nov. 10. 23 (28) Betty Jennings 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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