CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 354 11

(1) PLACE OF BIRTH

County of Beaufort

Township of Sheldon

or

Inc. Town of ..... St. ..... Ward)

or

City of ..... (No. ..... (If child is not yet named, make supplemental report as directed)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 6 03 B

Registered No. ..... (For use of Local Registrar)

(2) Full Name of Child Lewis Lee Brayton

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 8

(6) Are Parents Married? Yes

(7) DATE OF BIRTH (Month) Dec (Day) 30 (Year) 1922

FATHER.

(8) FULL NAME Clarence Brayton

(9) PRESENT POSTOFFICE OF FATHER Sheldon S C

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Colleton Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Bowell

(15) PRESENT POSTOFFICE OF MOTHER Sheldon

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Colleton Co

(19) OCCUPATION Home Work

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:45 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Polly Grace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report ..... 19 .....

Registrar

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

(27) Filed Jan 30 1923

(28) J. B. Lemon Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

If a child breathes even once, it must not be reported as stillborn.

No. 8—In case of TWINS OR TRIPLETS use a separate blank for each child. Mail one copy of each certificate to the Bureau of Vital Statistics, Columbia, S. C.

WHITE PLAINLY WRITE INSIDE LINES—SIGN IN A CONSPICUOUS MANNER. Mail one copy of each certificate to the Bureau of Vital Statistics, Columbia, S. C.

FILE SECTION, No. 7, FILE SECTION, No. 2, etc., in question 5.