

1. PLACE OF BIRTH

County of LexingtonTownship of YorkInc. Town of YorkCity of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3106 Registered No. 44676

FILE No. For State Registrar Only

44676

(For use of Local Registrar)

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

2. Full Name of Child Dannie Brasel

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

3. BOY OR GIRL Girl4. Twin or Triplet? No5. Number in order of birth 16. Are Parents Married? Yes

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year) 10 23

FATHER

8. FULL NAME William Brasel9. PRESENT POSTOFFICE OF FATHER York S.C. R. 210. COLOR OR RACE Negro11. AGE AT LAST BIRTHDAY 45

(Years)

12. BIRTHPLACE Lexington S.C.13. OCCUPATION Farmer20. Number of children born to mother, including present birth 6

MOTHER

14. NAME BEFORE MARRIAGE Janie Jarvis15. PRESENT POSTOFFICE OF MOTHER York S.C. R. 216. COLOR OR RACE Negro17. AGE AT LAST BIRTHDAY 35

(Years)

18. BIRTHPLACE Lexington S.C.19. OCCUPATION Housewife21. 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 Born alive at York M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature No Physician

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)

27. Filed

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Registrar

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.

MARRIAGE RECORDS FOR BIDDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 A.M.—In case of TWINS or TRIPLETS, use SEPARATE BLANKS FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.