

(1) PLACE OF BIRTH

County of Florence.....
 Township of M. L. Hadden....
 or
 Inc. Town of.....
 or

City of (No. St. Ward)
 (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

No. for this Register

13948

Registration District No. 2011 Registered No. 34.....
 (For use of Local Registrar)

(2) Full Name of Child Leah St. Branson..... If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Twin Marked yes (7) DATE OF BIRTH Jan 8, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gaile Branson

(9) PRESENT RESIDENCE OF FATHER Florence S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22.....
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Corra Branson

(15) PRESENT RESIDENCE OF MOTHER Florence S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 29.....
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive..... at 3 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mary Branson

(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

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

(26) Filed (27) (Signature) W. H. Howell

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

State of South Carolina, Columbia, S. C.