

## (1) PLACE OF BIRTH

County of Charleston S.C.

Township of .....

or Inc. Town of .....

City of Charleston S.C.

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

## STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41221

(2) Full Name of Child Thelma Louise Bramley

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

(1) BOY OR GIRL? girl(4) Twin or Triplet? X

To be answered only in event of Twin or Triplets

(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH Dec - 18

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward Milton Bramley(9) PRESENT POSTOFFICE OF FATHER 222 Ashley Ave. Charleston S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Moncks Corner S.C.(13) OCCUPATION mechanic(14) Number of children born to mother, including present birth two

## MOTHER.

(14) NAME BEFORE MARRIAGE Lamie Bulah Heasley(15) PRESENT POSTOFFICE OF MOTHER 222 Ashley Ave. Charleston S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Ellerbe S.C.(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2:12 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) H. H. Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife 207-3 1/2 Pine Bank Bldg

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by W. Mercer Green)(27) Filed 12/29/22 (28) W. Mercer Green 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.

Registrar.