

## (1) PLACE OF BIRTH

County of Richmond  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of Richmond  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

8970

Registration District No. 1965Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

(2) Full Name of Child Glover Brannen

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

(3) BOY OR GIRL Girl  
 (4) Twin or Triplet \_\_\_\_\_  
 To be answered only in event of Twin or Triplet

(5) Number in order of birth \_\_\_\_\_  
 (6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 27 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Glover Brannen(9) PRESENT POSTOFFICE OF FATHER Richmond(10) COLOR OR RACE White(11) BIRTHPLACE Richmond(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Magpie Pick(15) PRESENT POSTOFFICE OF MOTHER Blount St(16) COLOR OR RACE White(17) BIRTHPLACE Richmond(18) OCCUPATION Farmer(19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(20) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(21) (Signature) Amie Peter

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Richmond

Given name added from a supplemental report

Amie Peter  
Richmond  
 Registrar

(24) Witness Glover Brannen

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

(25) Filed 3/2(26) P. E. Skelton

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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