

Form No. 10. MARGIN RESERVED FOR DUNING. WRITHE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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 5. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Richland
 Township of Center
 or
 Inc. Town of
 or
 City of
 (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

File No. — For State Registrar Only
70219

Registration District No. 3801 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Gladdie Ruth Brauborn } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>None</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 24 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>R. J. Brauborn</u>		(14) NAME BEFORE MARRIAGE <u>Levin Abbott</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Dentsville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Dentsville S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Kershaw County</u>		(18) BIRTHPLACE <u>Richland County</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 O'clock P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dentsville S.C.

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness W. T. Dent
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed _____ 191____ (28) _____
 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.

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