

(1) PLACE OF BIRTH

County of Marion

Township of

or
the Town ofor
City of Marion

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

(2) Full Name of Child

Hallie BrantleyFile No. — For State Registrar Only
33100Registration District No. 329Registered No. 84
(For use of Local Registrar)(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 20 1923
(Name) (Month) (Day) (Year)FATHER:
(8) FULL NAME Elisha Brantley
(9) PRESENT POSTOFFICE OF FATHER Marion S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 73 (Year)
(12) BIRTHPLACE Marion County
(13) OCCUPATION LaborerMOTHER:
(14) NAME BEFORE MARRIAGE Lucy Miles
(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)
(18) BIRTHPLACE Sumter County S.C.
(19) OCCUPATION Domestic(20) Number of children born to father, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marion S.C.

Give name added from a supplemental report

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

(27) Filed Nov 8 1923 (28) Lena Montgomery 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.