

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16756

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of

Registration District No.

Registered 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

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

5 4 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

A. B. Braunton

(9) PRESENT POSTOFFICE OF FATHER

Trough S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

millwork

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Vertie Robinette

(15) PRESENT POSTOFFICE OF MOTHER

Trough S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Va.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

W. L. Kirkpatrick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. O. | Paollet S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6-1 19 22 M. W. Brown

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.