

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. B.—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

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

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

50324

Registration District No.

380

Registered No.

11

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Nathan J. Arris Branch

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 27, 1906

(8) FULL NAME

Frank Branch

(14) NAME BEFORE MARRIAGE

Estelle Smith

(9) PRESENT POSTOFFICE OF FATHER

Iruus & C.

(15) PRESENT POSTOFFICE OF MOTHER

Iruus

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Lex. C. S. C.

(18) BIRTHPLACE

Lex. C. S. C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

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

4

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

16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature)

John B. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 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 report, 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.