

(1) PLACE OF BIRTH

County of

Richland

Township of

or
Inc. Town of

City of

Columbia

(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

20009

Registration District No. 389

Registered No. 143

(For use of Local Registrar)

(2) Full Name of Child. Dorothy Mae Brazzell

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplets

True answered only in case of Twins or Triplets

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 6, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wade Hampton Brazzell

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Richland Co.

(13) OCCUPATION

Merchant

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

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Eva Viola Corder

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Richland Co.

(19) OCCUPATION

Housewife

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Columbia 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

7-15-22

(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.

LOCAL REGISTRAR.

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N. 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.

McGraw, of Columbia.

N. 1

McGraw