

SEPARATE BLANK FOR EACH CHILD, and make no
FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc. In question 8.
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(1) PLACE OF BIRTH

County of Bamberg
Township of 3 mile
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
10010

Registration District No. 404

Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child Rena Mae Brabham

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH apr 27 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Matthew Brabham
(9) PRESENT POSTOFFICE OF FATHER Ehrhardt S b
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE S b
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 8

MOTHER
(15) NAME BEFORE MARRIAGE Emma Kearse
(16) PRESENT POSTOFFICE OF MOTHER Ehrhardt S b
(17) COLOR OR RACE black (18) AGE AT LAST BIRTHDAY 37
(19) BIRTHPLACE S b
(20) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pattie Kearse
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ehrhardt S b

Given name added from a supplemental report
19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 6 1922 W. D. Pinard 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.