

(1) PLACE OF BIRTH

County of Larlington
Township of Hartsville
or
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

853

Registration District No. 1502

Registered No. 3
(For use of Local Registrar)

City of (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 Ruby Lee Braddock (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 Jan 18, 1923
(Sex of Month) (Day) (Year)

FATHER.
(8) FULL NAME Don Braddock
(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.
(10) COLOR OR RACE W. I. O. (11) AGE AT LAST BIRTHDAY 23 (Year)
(12) BIRTHPLACE Larlington County, S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Gara Warren
(15) PRESENT POSTOFFICE OF MOTHER Hartsville, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)
(18) BIRTHPLACE Larlington County, S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) T. E. Howell

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Hartsville, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 7, 1923 (28) W. M. Hagen 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.

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FIRST-BORN, No. 1 THE OTHER, No. 2, etc. In question 1