

(1) PLACE OF BIRTH

County of Larlington
 Township of Hartsville
 OF
 Inc. Town of
 OF
 City 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)

(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 To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 18, 23 (Time 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 Sara 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. Hauls

(24) State whether Physician or Midwife Midwife

(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 23 is signed by mark)

(27) Filed July 7, 23

(28)

Wm. H. Hager
 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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