

(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

FILED - By the Registrar  
295

Registration District No. H44 Registered No. 14  
(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 Henry Brabham If child is not yet named, make proper provision report as stillborn.

(3) SEX OF CHILD Boy (4) TIME OF BIRTH 7 (5) IS CHILD ALIVE yes (6) DATE OF BIRTH Jan 19 23

FATHER  
(7) FULL NAME Elphie Brabham  
(8) PRESENT RESIDENCE OF FATHER Char S.C.  
(9) COLOR OF FATHER Cal (10) AGE AT LAST BIRTHDAY 39  
(11) BIRTHPLACE S.C.  
(12) OCCUPATION Farmer  
(13) Number of children born to mother, including present birth 7

MOTHER  
(14) FULL NAME Ida Jones  
(15) PRESENT RESIDENCE OF MOTHER Char S.C.  
(16) COLOR OF MOTHER Cal (17) AGE AT LAST BIRTHDAY 35  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House Wife  
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Sarah May  
(23) State whether Physician or Midwife Mid Wife (24) Address of Signer Char S.C.

Given name added from a supplemental report  
.....  
.....  
.....  
19 ..  
Registrar

(25) Witness .....  
(26) Signed Feb 4 23 (27) W.D.T.

\*When there was no attending physician or midwife, then the father, householder, etc., If a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.