

## (1) PLACE OF BIRTH

County of Union  
 Township of Greenville  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. 13396 for State Registrar Only

Registration District No. 4224 Registered No. 17  
 (For use of Local Registrar)

(No. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Vera Edith Brannan (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF

BIRTH

(Name) (Month) (Day) (Year)

**FATHER.**

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

**MOTHER.**

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

578

1923

(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.

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