

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

N. Caw. of Columbia

(1) PLACE OF BIRTH

County of Greenville

Township of Highland

Inc. Town of or

City of or

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43339

Registration District No. 2211

Registered No. or

(For use of Local Registrar)

(2) Full Name of Child, H. D. Bramblett

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 17 1906  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harner. Bramblett

(9) PRESENT POSTOFFICE OF FATHER Greer # 3

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 3 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Luth Mitchell

(15) PRESENT POSTOFFICE OF MOTHER Greer # 5

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 3 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION House wife

(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 11:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. E. M. Morrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Bramblett

Given name added from a supplemental report

....., 191....  
Registrar

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

(27) Filed 191 (28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report as soon as 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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