

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child *Fanny Branum*

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

1. BOY OR GIRL

girl

2. Twin or Triplet

triplet

3. Number in order of birth

To be answered only in event of Twin or Triplet

(4) Are Parents Married

yes

(7) DATE OF

BIRTH

Feb 21, 1925

(Name of Month) (Day) (Year)

FATHER.

4. FULL NAME

Salmon Branum

5. PRESENT POSTOFFICE OF FATHER

Easton

6. COLOR OR RACE

color

(11) AGE AT LAST BIRTHDAY

(Years) *27*

12. BIRTHPLACE

Easton

13. OCCUPATION

farming

20. Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

Marri Monroe

(15) PRESENT POSTOFFICE OF MOTHER

Easton

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

(Years) *27*

(18) BIRTHPLACE

Easton

(19) OCCUPATION

farming

(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 on the date above stated.

Born alive or stillborn at *U P* M., Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Miller*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(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.

RECEIVED DEPARTMENT OF HEALTH, DIVISION OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C. 29201. THIS IS ONE OF THREE OR TRIPLETS AND A SEPARATE BLANK FORM MUST BE FILLED FOR EACH CHILD. SEE INSTRUCTIONS ON REVERSE OF THIS FORM.