

m.d. c.A.

7-26-43

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of South Carolina
Township of Sunter
or
Inc. Town of _____
or
City of Sunter

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4108 Registered No. _____
(For use of Local Registrar)

FILE

23 048079
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2. FULL NAME OF CHILD

Clara Bracey

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

3. Boy or Girl Girl If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term _____ 7. Are Parents Married? yes 8. Date of birth 11-30-23
(Month, day, year)

9. Full name

FATHER

John Bracey

18. Name before marriage

MOTHER

Mary Green

10. Residence (mailing address)

(If non-resident, give place and State)

Negro12. Age at child's birth 37 (years)

11. Color or race

Sunter

13. Birthplace (city or place)

(State or country)

S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Sunter, S.C.

20. Color or race

21. Age at child's birth 20 (years)

22. Birthplace (city or place)

(State or country)

SunterS.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

194017. Total time (years) spent in this work 22

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

193526. Total time (years) spent in this work 17

27. Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn none

28. If stillborn, period of gestation _____ months _____ weeks

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 9 a.m. on the date above stated.
(Born alive or stillborn)

(Signed) _____, Parent

Amanda Benbow, GuardianAddress P.O. Box 49 Wadley, S.C.Filed July 31, 1943 L. A. Riser, M.D.
Registrar.