

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Savannahor
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28852

Registration District No. 311 Registered No. 58
(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 Edith (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 8 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Claude Broune(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Franklin Ga.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ladis Brauner(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Elberton Co. Ga.(19) OCCUPATION Farmer(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 born alive or stillborn at 10:00 M., on the date above stated. (hour A. M. or P. M.)(23) (Signature) Wm. Reed(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed 609 22 (28) S. Q. J. Add Local Registrar.

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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.

REASON FOR BIRTH: FETAL BINDING, WITH UNFADING INC.—OTHER IS IN CASE OF TWINS OR TRIPLETS use a SEPARATE PAGE FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.