

Form No. 1

(1) PLACE OF BIRTH

County of Jasper
 Township of Catawba
 or
 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
30779

Registration District No. 7600

Registered No. 77
 (For use of Local Registrar)

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

(2) Full Name of Child

Breland

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

(3) BOY OR GIRL girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married yes (7) DATE OF BIRTH Sept. 7, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius A. Breland
 (9) PRESENT POSTOFFICE OF FATHER Switzeland, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (Year)
 (12) BIRTHPLACE Waltham, S.C.
 (13) OCCUPATION Section Master, A.C.S.
 (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE James R. Smith
 (15) PRESENT POSTOFFICE OF MOTHER Switzeland, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Year)
 (18) BIRTHPLACE Smoker, S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. R. Smith(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife Ridgeland, S.C.

Given name added from a supplement-
 tal report

(26) Witness

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

(27) Filed 9/9/22

(28)

Registrar

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.

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 8.
 BOARD OF COLUMBIA, COLUMBIA, S. C.