

(1) PLACE OF BIRTH

County of AlbermarleTownship of 11Inc. Town of 11City of 11

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11.—For this register only

34446

Registration District No. 4600 Registered No. 122
(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 Frances Ella Brant If child is not yet named, make supplemental report as directed(3) SEX OR
SEX girl (4) Twin
or Triplet
To be answered only in event of Twins or Triplets (5) Age
in Years
Months
Days yr (6) DATE OF
BIRTH Nov 18 23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(7) FULL NAME	<u>Jimmie Brant</u>	(10) NAME BEFORE MARRIAGE	<u>Ella McQueen</u>
(8) PRESENT RESIDENCE OF FATHER	<u>Albermarle S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER	<u>Albermarle S.C.</u>
(9) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>33</u> (Year)	(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>30</u> (Year)
(15) BIRTHPLACE <u>S.C.</u>		(16) BIRTHPLACE <u>S.C.</u>	
(17) OCCUPATION <u>Truck Driver</u>		(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth	<u>5</u>	(20) Number of children of this mother now living, including present birth	<u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 7 a. m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Lucy Warner
(23) State whether Physician or Midwife (24) Address of Physician or Midwife
Midwife Albermarle S.C.Given name added from a supplement-
tal report(25) Witness F. H. Boyd
(Signature of Witness necessary only
when question 23 is signed by mark)(26) Filed Nov 28 1923 (27) F. H. Boyd M.D.
Local RegistrarWhen 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 28th month of pregnancy.