

FORM NO. 1.

(1) PLACE OF BIRTH

County of WilliamsburgTownship of PennInc. Town of CountryCity of ?

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

(2) Full Name of Child Stephen M. Rae If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH 22nd Dec 1911 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mannie M. Rae(9) PRESENT POSTOFFICE OF FATHER Bryan, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Bryan, S.C.(13) OCCUPATION Farmers(20) Number of children born to mother, including present birth four

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Bradley(15) PRESENT POSTOFFICE OF MOTHER Bryan(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Bryan, S.C.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Sylvia Hensel Bryan, S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness Gemma Bryan (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 20th 1911 (28) Albert R. Mosley 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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 5.

McCaw, of Columbia.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
44978