

WHICH PLAINLY MARGIN RECEIVED FOR BINDING. IN PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE CARD FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of Spartanburg

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
2455

Registration District No. 40-A Registered No. 45
(For use of Local Registrar)

(2) Full Name of Child

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

1) SEX <u>GIRL</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	3) Number in order of birth	5) Are Parents Married? <u>yes</u>	6) DATE OF BIRTH <u>January 17, 1922</u> (Name of M. (Day) (Year))
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FATHER.

2) FULL NAME R. L. Brayon
3) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.
10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 47
12) BIRTHPLACE S.C.
13) OCCUPATION Dentist
20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Stella Rivers
15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 34
18) BIRTHPLACE S.C.
19) OCCUPATION House
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 at 11 P.M.
on the date above stated. (Born alive or stillborn. (Hour P. M. or A. M.))

(23) (Signature) W. W. Boyd
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Spartanburg, 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 2-1-22 19 22 (28) Jas. O'Neal 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.
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