

(1) PLACE OF BIRTH
County of Orangeburg
Township of Branchville
or
Inc. Town of
or
City of
(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
47027

Registration District No. 3601 Registered No. 3
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child Henretta Falls { 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 July 9, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Falls
(9) PRESENT POSTOFFICE OF FATHER Branchville SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE N C
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Gant
(15) PRESENT POSTOFFICE OF MOTHER Branchville SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Orangeburg Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Julia West(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Branchville SC

Given name added from a supplemental report
..... 181.....
.....
Registrar

(26) Witness

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

(27) Filed July 15, 1916

(28)

Reston Ott
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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