

(1) PLACE OF BIRTH

County of

Township of

or
Loc. Town of

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

Registration District No. 40.0

File No.—For State Registrar Only

13695

Registered No. 70

(For use of Local Registrar)

(2) Full Name of Child

Lukas Brazier

St. Ward

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

(3) SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are parents married?

(7) DATE OF BIRTH

May 19, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lukas Brazier

(9) PRESENT POSTOFFICE OF FATHER

Pawtucket R.I.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

MOTHER.

(14) NAME BEFORE MARRIAGE

Berrie Brathwaite

(15) PRESENT POSTOFFICE OF MOTHER

Pawtucket R.I.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

5 (Years)

(18) BIRTHPLACE

PAWBUCKET

(19) OCCUPATION

(20) OCCUPATION

Farmer

(21) Number of children born to mother, including present birth

7

(22) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ... at ... M. on the date above stated.

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Pawtucket R.I.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed "M.A.R.")

(27) Filed

19

(28)

John Cooper

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.