

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCauley of Columbia.

(1) PLACE OF BIRTH

County of Marion
Township of Sellers, S.C.
or
Inc. Town of Sellers, S.C.
or
City of Sellers, S.C.
(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

73865

Registration District No. 3204 Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child Clarence T. Braddy { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 15, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>G. L. Braddy</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Charles</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sellers, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sellers, S.C.</u>	
(10) COLOR OR RACE <u>black</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>black</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Sellers</u>			(18) BIRTHPLACE <u>Darlington, S.C.</u>	
(13) OCCUPATION <u>works at saw mill</u>			(19) OCCUPATION <u>Keeps house</u>	
(20) Number of children born to mother, including present birth <u>three</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 clock A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Simpson

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

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Aug 16, 1916 (28) J. P. Black
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.