

(1) PLACE OF BIRTH

County of

Township of

Inc. 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

No. 14.—For Baby Register Use

24541

Registration District No. 22a Registered No. 733

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

X

(4) Twin or Triplet

To be marked only in case of Twin or Triplet

(5) Number in order of birth

(6) Sex

(7) DATE

28 23

(8) FULL NAME

Eugene M. "Bud" Brazier

(9) STREET

Greenville S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

4 7

(12) BIRTHPLACE

Greenville S.C.

(13) OCCUPATION

Pres. Automobile Agency

(14) FULL NAME

Eugene M. "Bud" Brazier

(15) STREET

Greenville S.C.

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

9 5

(18) BIRTHPLACE

Greenville S.C.

(19) OCCUPATION

I am not

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

2

(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 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Date

Sept 1 1923

(28) 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.

Fifth month of pregnancy