

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.

(1) PLACE OF BIRTH

County of Fairfield Co.
Township of
or
Inc. Town of Ridgeway S.C.
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
34291

Registration District No. 1907 Registered No. 83
(For use of Local Registrar)

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

(2) Full Name of Child Isabel Ernestine Branham child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 9 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Jerome Branham
(9) PRESENT POSTOFFICE OF FATHER Ridgeway S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Fairfield Co.
(13) OCCUPATION farming
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Branham
(15) PRESENT POSTOFFICE OF MOTHER Ridgeway S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Fairfield Co.
(19) OCCUPATION Housekeeper
(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 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amie Pate (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgeway S.C.

Given name added from a supplemental report

Amie Pate

(26) Witness Amie Branham (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1923 22 (28) J. E. Hooten 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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