

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Buffalo Bridge  
 or  
 Inc. Town of Lawrence  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

3132

Registration District No. 40.1Registered No. 16  
(For use of Local Registrar)

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

(2) Full Name of Child Henry Braeland  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 15, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jessie Braeland(9) PRESENT POSTOFFICE OF FATHER Grovan S.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE LAVINNE BRAWFORD(15) PRESENT POSTOFFICE OF MOTHER Grovan S.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION farm laborer(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Lavinne Braeland at 8 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lavinne Washington(24) State whether Midwife(25) Address of Physician or Midwife Grovan S.

Given name added from a supplemental report

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 2-18-22 (28) J. E. Bennett  
Registrar 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.