

Form No. 1

(1) PLACE OF BIRTH

County of MarlboroTownship of Helburn

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

22 050336

Only

Registration District No. 3304 Registered No. 47
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 29 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James A Breeden(9) PRESENT POSTOFFICE OF FATHER Clto S C(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE S C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Lee Breeden(15) PRESENT POSTOFFICE OF MOTHER Clto S C(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE S.C(19) OCCUPATION Labrer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Rosa J. J. J.

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

name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 30 1923 (28) W. H. Woodley 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.