

(1) PLACE OF BIRTH

County of Allen S.C.Township of Butt

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

File No.—For State Registrar Only

19715

Registration District No. 4603 Registered No. 37
(For use of Local Registrar)(2) Full Name of Child Elizbeth M. Braw If 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 July 22nd 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius M. Braw(9) PRESENT POSTOFFICE OF FATHER Allen S.C.(10) COLOR OR RACE Colard (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE farm S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie S. Drayton(15) PRESENT POSTOFFICE OF MOTHER Allen S.C.(16) COLOR OR RACE Colard (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE housewife S.C.(19) OCCUPATION Housewife(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 9 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alberta Ford(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Allen S.C.

(Given name added from a supplemental report)

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

(27) Filed July 26, 1933 (28) R. A. Russell 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.