

(1) PLACE OF BIRTH

County of LEXINGTON
 Township of WELL SWAMP
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39244

Registration District No. 3102 Registered No. 124
 (For use of Local Registrar)

(No. 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 Jessie Mae Braum

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

(3) SEX OR GENDER Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 12 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaiah Braum(9) PRESENT POSTOFFICE OF FATHER Swensen(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
 (Years)(12) BIRTHPLACE Lexington Co(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Jensen(15) PRESENT POSTOFFICE OF MOTHER Swensen(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)(18) BIRTHPLACE Lexington Co(19) OCCUPATION Teacher(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 at 9 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)

(23) (Signature) Marcus Gaffney(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Woodford

Given name added from a supplemental report

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

(27) Filed Dec 2 22 (28) J. H. Gaffney
 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.

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