

MARGIN RESERVED FOR BINDING.

N. B.—In case of TWINS OR TRIPLETS, this is a PRELIMINARY REPORT, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Clemson
Township of Concord
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
33801

Registration District No. 13.0.2 Registered No. 97
(For use of Local Registrar)

City of (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 Cemore Brailsford (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 23, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joe Brailsford</u>			(14) NAME BEFORE MARRIAGE <u>Far McLeod</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville SC</u>	
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>	
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Clemson SC</u>			(18) BIRTHPLACE <u>Clemson SC</u>	
(13) OCCUPATION <u>Farm Work</u>			(19) OCCUPATION <u>Home & Freed</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was one B.P. M., on the date above stated.
(Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature) Ann Strother

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 4 22

1922

(28)

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.