

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

Registration Dist. No. 3800 **STANDARD CERTIFICATE OF LIVE BIRTH**
Division of Vital Statistics—State Board of Health
Registrar's No. _____ State of South Carolina

23 047490

1. PLACE OF BIRTH Richland
(a) County _____
(b) City or town RURAL Columbia
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Rt 3
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: _____
In hospital or institution _____ In this community _____
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER
(a) State SOUTH CAROLINA
(b) County RICHLAND
(c) City or town RURAL Columbia
(If outside city or town limits, write RURAL)
(d) Street No. Rt 3
(If rural, give location)

3. Full name of child Hasell Brazell If child not yet named, leave blank
4. Sex: MALE 5. Twin or triplet _____ If so—born 1st _____ 2d, or 3d _____
6. Number months of pregnancy 9 7. Date of birth 1-9-23
(Month) (Day) (Year)

FATHER OF CHILD MOTHER OF CHILD
8. Full name FARNEST TOLTON BRAZELL 14. Full maiden name SCOTTIE VICTORIA BRAZELL
9. Color or race WHITE 15. Color or race WHITE
10. Age at time of this birth 32 yrs. 16. Age at time of this birth 30 yrs.
11. Birthplace RICHLAND Co. 17. Birthplace RICHLAND Co.
(City, town, or County) (State or foreign country) (City, town, or County) (State or foreign country)
12. Usual occupation FARMING 18. Usual occupation HOUSEWIFE
13. Industry or business _____ 19. Industry or business _____

20. Children born to this mother:
(a) How many other children of this mother are now living? 9
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? NONE

21. Mother's mailing address for registration notice:
RFD # 3
COLUMBIA, S.C.

22. Were drops put in baby's eyes? _____ (Yes or no)
Exact time _____ (Name of prophylactic)
23. Was prenatal blood test for syphilis made? _____ (Yes or no)
Date of test _____ (Name of laboratory)

24. Congenital deformities? NO If yes, describe _____
(Yes or no)
25. Birth injury? NO If yes, describe _____
(Yes or no)
26. Weight at birth 9 lbs. _____ oz.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) Scottie V. Brazell Parent
or _____ Guardian
Address RFD # 3 COLUMBIA, S.C.
Filed 8-20, 1951 Thos. P. Lesesne
Local Registrar

Give name added from a supplementary report _____ (Date of) _____
State Registrar

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