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

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

1. PLACE OF BIRTH (a) County <u>Richland</u> (b) City or town <u>RURAL Columbia</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution: <u>Rt 3</u> (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 <u>SOUTH CAROLINA</u> (b) County <u>RICHLAND</u> (c) City or town <u>RURAL Columbia</u> (If outside city or town limits, write RURAL) (d) Street No. <u>Rt 3</u> (If rural, give location)	
3. Full name of child <u>Hasell Brazell</u> If child not yet named, leave blank			
4. Sex: <u>MALE</u>	5. Twin or triplet _____ If so—born 1st _____ 2d, or 3d _____	6. Number months of pregnancy <u>9</u>	7. Date of birth <u>1-9-23</u> (Month) (Day) (Year)
8. Full name. <u>FATHER OF CHILD FARNEST TOLTON BRAZELL</u>		14. Full maiden name <u>MOTHER OF CHILD SCOTTIE VICTORA BRAZELL</u>	
9. Color or race <u>WHITE</u>		15. Color or race <u>WHITE</u>	
10. Age at time of this birth <u>32</u> yrs.		16. Age at time of this birth <u>30</u> yrs.	
11. Birthplace <u>RICHLAND Co.</u> (City, town, or County) (State or foreign country)		17. Birthplace <u>RICHLAND Co.</u> (City, town, or County) (State or foreign country)	
12. Usual occupation <u>FARMING</u>		18. Usual occupation <u>HOUSEWIFE</u>	
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? <u>9</u> (b) How many other children were born alive but are now dead? <u>1</u> (c) How many children were born dead? <u>NONE</u>		21. Mother's mailing address for registration notice: <u>RFD # 3</u> <u>COLUMBIA, S.C.</u>	
22. Were drops put in baby's eyes? _____ (Yes or no) Exact time _____ (Name of prophylactic)		24. Congenital deformities? <u>NO</u> If yes, describe (Yes or no)	
23. Was prenatal blood test for syphilis made? _____ (Yes or no) Date of test _____ (Name of laboratory)		25. Birth injury? <u>NO</u> If yes, describe (Yes or no)	
		26. Weight at birth <u>9</u> 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

State Registrar

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