

(1) PLACE OF BIRTH

County of KershawTownship of Lugoff, S.C.

or

Inc. Town of

or

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

90498

Registration District No. 2901 Registered No. 127

(For use of Local Registrar)

(2) Full Name of Child Lillian Baranham } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in case of Twins or Triplets	<u>4</u>	<u>Yes</u>	<u>1000</u> <u>10</u> <u>1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Branham(9) PRESENT POSTOFFICE OF FATHER Lugoff, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE don't know(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Gray(15) PRESENT POSTOFFICE OF MOTHER Lugoff, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY don't know (Years)(18) BIRTHPLACE don't know(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M. on the date above stated. (Born alive ~~or stillborn~~) (Hour A. M. ~~or P. M.~~)(23) (Signature) Mid. W. fe. Wilton. Murphy. Lugoff, S.C.

(24) State whether Physician or 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 mark)

(27) Filed 2/9/1917 (28) R.R. Baranham 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.