

1. PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town of _____or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2809A Registered No. 449

(For use of Local Registrar)

(No. 110 Breckner St. Sans Sengward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Curtis W. Braswell Jr

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

3. SEX OR GIL <u>Boy</u>	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>July</u> <u>11th</u> <u>1929</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Curtis W. Braswell Sr9. PRESENT POSTOFFICE OF FATHER Charlotte N.C.10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 21 (Years)12. BIRTHPLACE North Carolina13. OCCUPATION Shipping clerk- Hardware14. Number of children born to mother, including present birth { 1 }

MOTHER

14. NAME BEFORE MARRIAGE Carolina L. Strehecker15. PRESENT POSTOFFICE OF MOTHER Charlotte N.C.16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 26 (Years)18. BIRTHPLACE Charleston S.C.19. OCCUPATION Housewife20. 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 alive at 10:30 P M. (Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.23. Signature W. H. M. C.24. State whether Physician or Midwife Physician 25. Address of Physician or Midwife Greenville

Given name added from a supplemental report

26. Witness

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

27. Date Oct. 10 192928. A. H. M. C.

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.