

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA

3732

County of Cherokee

Bureau of Vital Statistics

State Board of Health

Township of SummertonRegistration District No. 1302Registered No. 12or  
Inc. Town of Summertonor  
City of Summerton(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. Anne Louise

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 12th 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jos. S. Braxton

(9) PRESENT POSTOFFICE OF FATHER

Summerton S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

38  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

four

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary A. Briggs

(15) PRESENT POSTOFFICE OF MOTHER

Summerton S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housekeeper

(21) Number of children of this mother now living, including present birth

four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 P. M., on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. W. Braxton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

None 1912Jan. 31, 1927 Registrar

(26) Witness

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

(27) Filed

Mar. 9, 1927

(28)

J. C. Richbourg 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.

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