

(1) PLACE OF BIRTH

County of Lexington  
Township of C. O. Updell  
or  
In Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar No. 41531

Registration District No. 3.10.0 Registered No. 120  
(For use of Local Registrar)

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

(2) Full Name of Child Ernest Braslow If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD B. (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? yes DATE OF BIRTH Sept 20, 23  
(Name of Month) (Day) (Year)

**FATHER.**

(7) FULL NAME Ernest Braslow

(8) PRESENT POSTOFFICE OF FATHER Gaston S.C.

(9) COLOR OR RACE B. (10) AGE AT LAST BIRTHDAY 20  
(Year)

(11) BIRTHPLACE Lexington S.C.

(12) OCCUPATION Farmer

(13) Number of children born to mother, including present birth 12.

**MOTHER.**

(14) NAME BEFORE MARRIAGE Clara Bell Lovett

(15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.

(16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 20  
(Year)

(18) BIRTHPLACE Lexington S.C.

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(21) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Sallie Jones (23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 10.23.23 (27) J. P. Lybrand 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.