

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCRAV OF COLUMBIA, S. C.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Sheridan</u></p> <p>Township of <u>St. Paul</u></p> <p>or</p> <p>Inc. Town of</p> <p>or</p> <p>City of</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>76465</p>	
		<p>Registration District No. <u>1311</u></p>		<p>Registered No. <u>158</u></p> <p>(For use of Local Registrar)</p>	
<p>(2) Full Name of Child <u>Gassie Brailford</u></p> <p>(If child is not yet named, make supplemental report as directed)</p>					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 3</u> 19 <u>16</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Delvin Brailford</u>			(14) NAME BEFORE MARRIAGE <u>Henretta Ragin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>St Paul S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>St Paul S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Sheridan Co S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(13) OCCUPATION <u>Farming</u>			(18) BIRTHPLACE <u>Sheridan Co S.C.</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Gassie Ragin</u>		(24) State whether Physician or Midwife		(25) Address of Physician or Midwife	
		<u>By Mrs Brailford</u>			
<p>Given name added from a supplemental report</p> <p>.....</p> <p>.....</p> <p>....., 19</p> <p style="text-align: right;">Registrar</p>		<p>(26) Witness <u>Henry King</u></p> <p>(Signature of Witness necessary only when question 23 is signed by mark)</p> <p>(27) Filed <u>9/14</u> 19<u>16</u> <u>Henry King</u> Local Registrar.</p>			

*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.