

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.—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.

MCRAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Yamouco*

Township of *St. Paul*

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.)

Registration District No. *1311* Registered No. *158*

(For use of Local Registrar)

(No. St.; Ward)

File No.—For State Registrar Only

76465

(2) Full Name of Child *Gassie Brailford* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 3 1916</i> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <i>Wesley Brailford</i>	(14) NAME BEFORE MARRIAGE <i>Henretta Ragin</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>St Paul S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>St Paul S.C.</i>			
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> (Years)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>27</i> (Years)	
(12) BIRTHPLACE <i>Yamouco Co S.C.</i>	(18) BIRTHPLACE <i>Yamouco Co S.C.</i>			
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>House wife</i>			
(20) Number of children born to mother, including present birth <i>4</i>	(21) Number of children of this mother now living, including present birth <i>4</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Gassie Ragin*

(24) State whether Physician or Midwife *By Mrs Brailford*

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *Henry King*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *9/14 1916* 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.