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FILE No.—For State Registrar Only

00232

## 1. PLACE OF BIRTH

County of Anderson, S.C.Township of Hopewellor  
Inc. Town of .....City of Anderson

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3-A Registered No. ....  
(For use of Local Registrar)(No. R.F.D. 2 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 Brayton Wilson Stringer (If child is not yet named, make supplemental report as directed.)3. Boy or Girl Boy If Plural birth ..... 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... 6. Premature Full term yes 7. Are Parents Married? yes 8. Date of birth October 10, 1916  
(Month, day, year)9. Full name Layfette D. Stringer FATHER 18. Full maiden name Mary Elizabeth Vaden MOTHER10. Residence (usual place of abode) Anderson, S.C. 19. Residence (usual place of abode) Anderson, S.C.  
(If non-resident, give place and State) (If non-resident, give place and State)11. Color or race White 12. Age at last birthday 36 (years) 20. Color or race white 21. Age at last birthday 34 (years)13. Birthplace (city or place) Anderson County, S.C. 22. Birthplace (city or place) Anderson County, S.C.  
(State or country) (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. H.K.15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work ..... 25. Date (month and year) last engaged in this work ..... 18. Total time (years) spent in this work .....

27. Number of children of this mother (At time of birth and including this child) 6 (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

28. If stillborn, period of gestation ..... months weeks ..... 29. Cause of stillbirth ..... Before labor ..... During labor .....

Specify any physical deformities of child at birth. None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. O. Sanders ..... M.D.

or ..... Midwife

Given name added from a supplemental report .....

Address Anderson, S.C.Filed March 1, 1941 M. B. Woodward, M.D.  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)