

(1) PLACE OF BIRTH

County of CherokeeTownship of Braytonville

Inc. Town of _____

City of _____

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1001

File No. — For State Registrar Only

10439-26Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH April 18 22

(Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME Malter Rawlison (14) NAME BEFORE MARRIAGE Worthy Amisthon(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C. (15) PRESENT POSTOFFICE OF MOTHER same(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34 (16) COLOR OR RACE same (17) AGE AT LAST BIRTHDAY 32(12) BIRTHPLACE York Co. S.C. (18) BIRTHPLACE Cherokee Co. S.C.(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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) (Hour A. M. or P. M.)

(23) (Signature) Randa Harris(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sacole S.C.

Given name added from a supplemental report _____

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 9 22 (28) M. B. Harris 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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