

(1) PLACE OF BIRTH

County of Willamburg
 Township of Greenville
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

2730

Registration District No. 4310 Registered No. 6
 (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 Early Brayboy

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 3 1922

FATHER.

(8) FULL NAME Early Brayboy(9) PRESENT POSTOFFICE OF FATHER Lake City SC(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Montgomery(15) PRESENT POSTOFFICE OF MOTHER Lake City SC(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adeline Wilson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cades SC

Given name added from a supplemental report

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

(27) Filed Jan 5 1922 (28) Mrs. W. A. Fitch 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.