

(1) PLACE OF BIRTH

County of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22065

Township of

or  
Inc. Town of

Registration District No. 14

Registered No. 11

(For use of Local Registrar)

City of

(No. ....)

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.

Doris Braunon

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

(3) BOY OR  
GIRL?

Girl

(4) Twin  
or triplet?

To be answered only in event of twins or triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?

No

(7) DATE OF  
BIRTH

May 28 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to  
mother, including present birth

{ 4 }

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Ella Braunon

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Tilms for S.C.

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY

34

(Years)

(18) BIRTHPLACE

North Carolina

(19) OCCUPATION

Nurse Operator

(21) Number of children of this mother  
now living, including present birth

{ 4 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 10:25 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Doris Braunon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1111 1/2 St. S.E.

Given name added from a supplement-  
tal report

191....

Registrar

(26) Witness

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

(27) Filed

July 28 1922

(28)

D. H. Haynes

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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FIRST-BORN, No. 1. TID OTHER, No. 2, etc., in question 8.

Cav. of Columbia

MCA