

MARGIN RESERVED FOR WRITING.
STATION COPIES, WITH STAMPED INFORMATION IS A SEPARATE RECORD.
A blank copy of Form No. 1 THE OTHER, No. 2, etc., in question 5.
BOSTON, MASSACHUSETTS
OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Franklin
Township of Bulwer's Co.
or
Inc. Town of
or
City of

File No.—For State Registrar Only

Registration District No. 4403 Registered No. 80
(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 Unnamed Brakesfield { If child is not yet named, make supplemental report as directed.

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(3) BOY OR GIRL? *Boy*

(5) Number in
order of birth

(7) DATE OF BIRTH Nov 24, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ava Lee Brakeloid

(9) PRESENT POSTOFFICE OF FATHER *Sharon L. C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (Years)

(12) BIRTHPLACE

(12) BIRTHPLACE

(13) OCCUPATION *Farming*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(27) Filed Nov. 29 1966 (28) J. B. McCallister
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.