

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw of Columbia, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of rich land  
Township of gentle  
OR  
Inc. Town of rich land  
OR  
City of rich land

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

(2) Full Name of Child Lee Braggie

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Parents Married? yes (7) DATE OF BIRTH Sept 4, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Braggie  
(9) PRESENT POSTOFFICE OF FATHER lykes land  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
(12) BIRTHPLACE rich land  
(13) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 2 (two)

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Braggie  
(15) PRESENT POSTOFFICE OF MOTHER lykes land  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(18) BIRTHPLACE rich land  
(19) OCCUPATION house wife  
(21) Number of children of this mother now living, including present birth 1 (one)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. Menden  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife lykes land

Given name added from a supplemental report

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

(27) Filed Sept 6, 1922 (28) A. B. C. L. 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.

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

File No.—For State Registrar Only  
36270

Registration District No. 3807  
Registered No. 1284  
(For use of Local Registrar)