

NOTE: 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 1.

(1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of Columbia

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

File No.—For State Registrar Only

5050

Registration District No. 28

Registered No. 132

(For use of Local Registrar)

(No. 33 Highway St. (St.; ..... Ward)

(2) Full Name of Child un named

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

Feb. 27, 23  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME S. D. Brazell

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 33  
(Year)

(12) BIRTHPLACE Macadonia

(13) OCCUPATION Husker

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lottie Brazell

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 22  
(Year)

(18) BIRTHPLACE Columbia, S.C.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 3:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harry C. C. C.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 51 E. Cypress St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed March 6, 1923

(28) G. J. Sloan 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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