

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Bullhook Creek

Inc. Town of

City of

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

(2) Full Name of Child

James Elbert Brackfield

File No.—For State Registrar Only

20517

Registration District No. 4409 Registered No. 27
(For use of Local Registrar)

(No. St.; Ward)

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

3) BOY OR GIRL? Boy4) Twin or Triplet? No
To be answered only in event of Twins or Triplets5) Number in order of birth 26) Are Parents Married? yes7) DATE OF BIRTH May 10 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Elbert Brackfield9) PRESENT POSTOFFICE OF FATHER Sharon S C R H 210) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 28
(Years)12) BIRTHPLACE SC13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Cora Hall15) PRESENT POSTOFFICE OF MOTHER Sharon S C R H 216) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26
(Years)18) BIRTHPLACE SC19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Dr. C. White(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Box 1000 Greenville SC

Given name added from a supplemental report

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

(27) Filed June 12 1922 (28) W. C. Brackfield
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.

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.

RECEIVED OF COLUMBIA, COLUMBIA, D. C.