

(1) PLACE OF BIRTH

County of Lexington
 Township of North
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39280

Registration District No. 3/06 Registered No. 10
 (For use of Local Registrar)

(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 Josephine Bracy (If child is not yet named, make supplemental report as directed)

(3) Boy or GIRL (4) Twin or Triplet? (5) Number in Order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Mar 14 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bluff Bracy
 (9) PRESENT POSTOFFICE OF FATHER Irmo, S.C. B2
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Lexington, S.C.
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sara Barnes
 (15) PRESENT POSTOFFICE OF MOTHER Irmo, S.C. B2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Lexington, S.C.
 (19) OCCUPATION Laborer
 (21) 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 nt. M., on the date above stated. (born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physic. or Midwife [Signature]

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.