

**PLACE OF BIRTH**

County of Marion  
 Township of Little  
 or  
 City of .....

**CERTIFICATE OF BIRTH**

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

No. 1a.—For State Registrar Only

33110

Registration District No. .... Registered No. ....  
 (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.)

**Full Name of Child**

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

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Infant <u>To be recorded in case of Twin or Triple</u>	(3) Number in order of birth	(4) Are Twins Marked <u>Yes</u>	(5) DATE OF BIRTH <u>Oct 15 1923</u> (Month of Month) (Day) (Year)
<b>FATHER.</b>				<b>MOTHER.</b>
(6) NAME BEFORE MARRIAGE <u>Anna Manning Brames</u>				(14) NAME BEFORE MARRIAGE <u>Mariamie Estelle Dejeu</u>
(7) PRESENT ADDRESS OF FATHER <u>7 Mullins, C.R. 3</u>				(15) PRESENT ADDRESS OF MOTHER <u>Mullins, C. Route 3</u>
(8) COLOR OF SKIN <u>white</u>				(16) COLOR OF SKIN <u>white</u>
(9) AGE AT LAST BIRTHDAY <u>29</u> (Year)				(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)
(10) BIRTHPLACE <u>Marion Co., S.C.</u>				(18) BIRTHPLACE <u>Marion Co., S.C.</u>
(11) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Housewife</u>
(12) Number of children born to father, including present birth <u>3</u>				(20) Number of children of this mother now living, including present birth <u>3</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(21) I hereby certify that I attended the birth of this child, who was born alive at 10:35 a.m. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) [Signature] (23) Address of Physician or Midwife  
 (24) State whether Physician or Midwife Physician

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (26) Filed Nov 8 1923 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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