(1) PLACE OF BIRTH

County of Marion

Township of .....

or

Inc. Town of .....

or

City of Marion

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
33099

Registration District No. 370 Registered No. 83
(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 James Brantley

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

(3) SEX OF CHILD: Boy
(4) Twin or Triplet: Twin
(5) Number in order of birth: 2
To be answered only in event of Twins or Triplets
(6) Are Parents Married: Yes
(7) DATE OF BIRTH: Sept 20, 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME: Elisha Brantley
(9) PRESENT POSTOFFICE OF FATHER: Marion SC
(10) COLOR OR RACE: Negro
(11) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Marion County
(13) OCCUPATION: Laborer
(20) Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Lucy Miles
(15) PRESENT POSTOFFICE OF MOTHER: Marion SC
(16) COLOR OR RACE: Negro
(17) AGE AT LAST BIRTHDAY: 19 (Years)
(18) BIRTHPLACE: Dillon County SC
(19) OCCUPATION: Domestic
(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife: Physician Marion SC

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Nov 8 1923 (28) Vera Moore
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.