

(1) PLACE OF BIRTH
 County of Lexington STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Liberty State Board of Health

File No.—For State Registrar Only
49803

Inc. Town of Liberty Registration District No. 3107 Registered No. 14
 or Liberty S.C. (For use of Local Registrar)
 City of Liberty No. 14 St. 14 Ward 14
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Bracy 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 20
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Bracy
 (9) PRESENT POSTOFFICE OF FATHER Liberty S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Drine Kame
 (15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (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 born at Liberty S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty S.C.

Given, name added from a supplemental report

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

(27) Filed Mar. 14 1916 (28) R. O. Sherry 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.