

Form No. 1

(1) PLACE OF BIRTH

County of Richmond
 Township of Richmond
 or
 Inc. Town of Richmond
 or
 City of Richmond

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18579

Registration District No. 2003 Registered No. 30
 (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

Beatrice Branson

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

(3) SEX
 GIRL

(4) Twin or Triplet?

(5) Number in order of birth 1st
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 6-11-1927
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Levin Branson

(9) PRESENT POSTOFFICE OF FATHER

Richmond

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY 38
 (Year)

(12) BIRTHPLACE

Richmond Co.

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

1-son 7

MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Wright

(15) PRESENT POSTOFFICE OF MOTHER

Richmond

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY 39
 (Year)

(18) BIRTHPLACE

Richmond Co.

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

7 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 12:30 PM.
 on the date above stated. (Born alive or stillborn, Hour A. M. or P. M.)

(23) (Signature)

M. Martha Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 19, 1927

(28)

Local Registrar

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.