

Form No. 1

(1) PLACE OF BIRTH

County of Aiken
 Township of Rocky Gwv
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36959

Registration District No. 209 Registered No. 56
 (For use of Local Registrar)

(2) Full Name of Child Willie Alfred Branch If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 18, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bryan Branch
 (9) PRESENT POSTOFFICE OF FATHER Springfield R. 9. S.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie May Turner
 (15) PRESENT POSTOFFICE OF MOTHER Springfield, R. 9. S.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Home wife

(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 Alive at 6 ¹⁵ A.M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Josephine Tyler(24) State whether Physician or Midwife(25) Location of Physician or Midwife Springfield S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Sacey

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

(27) Filed Nov. 20, 22

(28)

Chas. H. Sacey 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.