

4-12-48-fc

22 049433

In Hall  
not reg.MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 38-A Registered No. ....

(For use of Local Registrar)

FILE No.—For State Registrar Only

04657

2. FULL NAME OF CHILD James Henry Brunson { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <b>Boy</b>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? <b>Yes</b>	8. Date of birth <b>Nov. 2, 1922</b> (Month, day, year)
------------------------------	------------------	----------------------------------	-----------------------------------	-------------------------------------	------------------------------------	--

9. Full name **FATHER**  
John Daniel Brunson10. Residence (mailing address) 2024 Main Street  
(If non-resident, give place and State).....11. Color or race White 12. Age at last birthday 46 (years)13. Birthplace (city or place) Edgefield, S.C.  
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sou. Rail Road16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work 2718. Name before marriage **MOTHER**  
Bessie Eugene Roberts.19. Residence (mailing address) 2024 Main Street  
(If non-resident, give place and State).....20. Color or race White 21. Age at last birthday 36 (years)22. Birthplace (city or place) Wahalla, S.C.  
(State or country)23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

25. Date (month and year) last engaged in this work ..... 26. Total time (years) spent in this work 1727. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report..... (Date of)

State Registrar

(Signed) John A. Brunson, Parent  
or John A. Brunson, Guardian  
Address 1009 Duke AveFiled April 15, 1948 Thos. P. Lesesne  
Local Registrar fc