

4-12-48-fc

In Hall
not reg.

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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 Health

Registration District No. 38-A Registered No.

(For use of Local Registrar)

(No. St.; Ward)

2. FULL NAME OF CHILD James Henry Brunson

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

3. Boy or Girl Boy	If Plural births	4. Twins, triplets or other	5. Number, in order of birth	6. Premature	7. Are Parents Married? Yes	8. Date of birth Nov. 2, 1922 (Month, day, year)
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9. Full name
FATHER
John Daniel Brunson18. Name before marriage
MOTHER
Bessie Eugene Roberts10. Residence (mailing address)
2024 Main Street
(If non-resident, give place and State)19. 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)20. Color or race White 21. Age at last birthday 36 (years)13. Birthplace (city or place)
Edgefield, S.C.
(State or country)22. Birthplace (city or place)
Wahalla, S.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
Engineer23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
housekeeper15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
Sou. Rail Road

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

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work 27

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 GuardianAddress 1009 Duke AveFiled April 15, 1948 Thos. P. LesesneLocal Registrar fc