

(1) PLACE OF BIRTH

County of Wm.burg
 Township of Berth
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 12.—For State Registrar Only

30542

Registration District No. 4308 Registered No. 63
 (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 Felder Brunson, Jr. 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 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 30 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Felder Brunson(9) PRESENT POSTOFFICE OF FATHER Lanes. S. C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Wm.burg Co. N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Law(15) PRESENT POSTOFFICE OF MOTHER Lanes. S. C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE Florence. S. C.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Diana Casey (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lanes 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 Sept. 6 1923 (28) AK Moseley Local Registrar

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