

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of *Landon*
 Township of *St. Paul*
 or
 Inc. Town of.....
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
76464

Registration District No. *1311* Registered No. *157*
 (For use of Local Registrar)

(2) Full Name of Child *L. Capin Brunson* (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD *Boy* **(4) Twin or Triplet?** *No* **(5) Number in order of birth** *1* **(6) Are Parents Married?** *No* **(7) DATE OF BIRTH** *Sept 2 1916*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Leonel Brunson*
(9) PRESENT POSTOFFICE OF FATHER *St Paul S.C.*
(10) COLOR OR RACE *Negro* **(11) AGE AT LAST BIRTHDAY** *?* (Years)
(12) BIRTHPLACE *Cherndon Co. S.C.*
(13) OCCUPATION *Farm Hand*
(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Pear Lee Watson*
(15) PRESENT POSTOFFICE OF MOTHER *St Paul S.C.*
(16) COLOR OR RACE *Negro* **(17) AGE AT LAST BIRTHDAY** *19* (Years)
(18) BIRTHPLACE *Cherndon Co. S.C.*
(19) OCCUPATION *House Girl*
(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 *born alive* **at** *10 P.* **M.,**
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Harriet L. Linn*
(24) State whether Physician or Midwife *Midwife* **and Class of Physician or Midwife**

Given name added from a supplemental report

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(26) Witness *J. J. Linn*
 (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *9/17 1916* **(28)** *J. J. Linn*
 Registrar 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.