

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Landon  
Township of St. Paul  
or  
Inc. Town of.....  
or  
City of .....

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

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

FATHER.

(8) FULL NAME Phonel 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) Harrett L. King  
(24) State whether Physician or Midwife Physician (If neither, state name of Physician or Midwife)

Given name added from a supplemental report

(26) Witness Harrett L. King  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/17, 1916 (28) Harrett L. King  
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.