

1. PLACE OF BIRTH
County of Charleston

Township of _____
or
Inc. Town of _____
or
City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 9A Registered No. 153

(No. 11 Morris St. St. _____ Ward _____)
(For use of Local Registrar)

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

2. FULL NAME OF CHILD Dorothy Lee Brunson

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

3. Boy or Girl Girl 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Are parents married YES 8. Date of birth January 28, 1922

9. Full name FATHER
Wilmot Brunson
Residence (usual place of abode)
(If non-resident, give place and State) Charleston, S.C.

18. Full maiden name MOTHER
Lethia White
19. Residence (usual place of abode)
(If non-resident, give place and State) Charleston, S.C.

20. Color or race Col. 21. Age at last birthday 21 (Years)
Birthplace (city or place) Kingstree, S.C.
(State or country)

22. Birthplace (city or place) Greenwood, S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work _____ 19____
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as homemaker, typist, nurse, clerk, etc. Domestic
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 _____ 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living. 1 (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 that I attended the birth of this child, who was born alive at 7:30 p.m. on the date above stated.
(Born alive or stillborn)

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

Give name added from a supplemental report _____
(Date of) _____

(Signed) J. M. Green M. D.

or _____ Midwife

Address 4 Broad Street

Filed Feb. 3rd, 1922 J. M. Green, M. D.
Cor. Sept. 2/1933 Leon Band, Registrar

Registrar.

CERTIFICATE OF

life, social, legal, or economic
 e greatest value, not only to the
 certificates but good business.

As evidence in the administration
 of insurance and pensions;
 As evidence to prove the true
 legal age for crime and misde-
 mers in the criminal code;
 As evidence in the enforcement
 of laws relating to child labor;
 As evidence to determine the re-
 quirements for citizenship in order
 to obtain the same;
 As proof of citizenship in order
 to obtain the same;
 As evidence in the claim for an-
 nual pay and military service.

a parent. For a woman whose
 home in answer to Question 24,
 appropriate terms, as *housekeeper*

one.
 e.
 occupation.
 ation.

employee," "worker," "operative."

terms as "store," "factory," "mill,"
 or "grain mill, etc.

l descriptive titles, as *civil engineer*,
 a more precise statement of occupa-
 tion, as *car painter, machinist, etc.* Distin-
 guished occupations which might
 be called a *salesman* and not a

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

File No.—For State Registrar Only
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(1) PLACE OF BIRTH Charleston
 County of Charleston
 Township of
 or
 Town of Charleston Registration District No. 9 A Registered No. 153
 or (For use of Local Registrar)
 No. of 11 Morris (No. of St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Bobby Brunson If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of Birth <u>1</u>	(6) Age at Birth <u>1 year</u> (If deceased, why in event of loss of triplet)	(7) DATE OF BIRTH <u>Jan 28 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Willard Brunson</u>	(14) NAME BEFORE MARRIAGE <u>Mary White</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>	(11) COLOR OR RACE <u>col.</u>	(16) COLOR OR RACE <u>col.</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>Don't know</u>	(18) BIRTHPLACE <u>Newwood, S.C.</u>	(13) OCCUPATION <u>Baker</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(20) Number of children born to mother, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn)
 on the date above stated.

(22) (Signature) L. C. Cain, M.D.
 (23) State whether Physician or Midwife Physician
 (24) Address of Physician or Midwife Roper Hospital

Given name added from a supplemental report
 191
 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed 7/13 22 191 J. M. Green, R.D. 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.