

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. \_\_\_\_\_ (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) \_\_\_\_\_ (If child is not yet named, make supplemental report as directed)

2. FULL NAME OF CHILD Dorothy Lee Brunson

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 (Month, day, year)

9. Full name FATHER  
Wilnot Brunson

Residence (usual place of abode) Charleston, S.C.  
(If nonresident, give place and State)

10. Color or race Col. 12. Age at last birthday 21 (Years)

Birthplace (city or place) Kingstree, 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 \_\_\_\_\_

18. Full maiden name MOTHER  
Lethia White

19. Residence (usual place of abode) Charleston, S.C.  
(If nonresident, give place and State)

20. Color or race Col. 21. Age at last birthday 18 (Years)

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

23. Trade, profession, or particular kind of work done, as housekeeper, 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 \_\_\_\_\_

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 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) \_\_\_\_\_

Registrar.

(Signed) J. G. Law M. D.

or H. B. Anderson Midwife

Address \_\_\_\_\_

Filed Feb. 3rd, 1922 J. M. Green, M.D.

Cor. Sept. 2/1933 Leon Bandy, M.D.

\*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.