

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of Net Pleasant

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10328

Registration District No. 9-13Registered No. 17

(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

Not named

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

(3) BOY OR

GIRL

(4) Twin

or Triplet? 1

(5) Number in

order of birth 3

(6) Are

Parents

Married? ya

(7) DATE OF

BIRTH

April 16

(Month of Month) (Day) (Year)

1932

FATHER.

(8) FULL

NAME

Sam Anderson

(9) PRESENT

POSTOFFICE

OF FATHER

Net Pleasant S C

(10) COLOR

OR

RACE

Col

(11) AGE AT LAST

BIRTHDAY

30

(Years)

(12) BIRTHPLACE

S C

(13) OCCUPATION

Labr

(20) Number of children born to

mother, including present birth

3

MOTHER.

(14) NAME BEFORE

MARRIAGE

Ida Brown

(15) PRESENT

POSTOFFICE

OF MOTHER

Net Pleasant S C

(16) COLOR

OR

RACE

Col

(17) AGE AT LAST

BIRTHDAY

22

(Years)

(18) BIRTHPLACE

S C

(19) OCCUPATION

Labr

(21) Number of children of this mother

now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Joe Brumpton MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only

when question 23 is signed by marks)

(27) Filed

Apr 20 1932

(28)

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.

*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.

REGISTRATION DISTRICT NO. 9-13

FILE NO. 10328

REGISTERED NO. 17

DATE OF BIRTH APRIL 16 1932

NAME OF CHILD NOT NAMED

FATHER'S NAME SAM ANDERSON

MOTHER'S NAME IDA BROWN

PLACE OF BIRTH NET PLEASANT S C

AGE AT LAST BIRTHDAY 30

AGE AT LAST BIRTHDAY 22

OCCUPATION LABR

OCCUPATION LABR

NUMBER OF CHILDREN BORN TO MOTHER 3

NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 2 P. M. on the date above stated.

(Signature) Joe Brumpton MD

State whether Physician or Midwife

Address of Physician or Midwife

Given name added from a supplemental report

Witness

(Signature of Witness necessary only when question 23 is signed by marks)

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