

(1) PLACE OF BIRTH

County of Spartan  
Township of Providence  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**91999**

Registration District No. 4108 Registered No. 161  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maggie Lu Brunson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 10, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Brunson  
(9) PRESENT POSTOFFICE OF FATHER Providence S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Furmer  
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Spear  
(15) PRESENT POSTOFFICE OF MOTHER Providence S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) Sallie Grant  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Providence S.C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Burnett  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec-12 1916 (28) B. M. Laughlin  
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.