

## (1) PLACE OF BIRTH

County of *Sumter*Township of *Providence*

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

91999

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

(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 Lee Brunson* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *3* (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*  
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Furner*(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*  
(Years)(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 A. M. or P. M.)(23) (Signature) *Sallie Mark 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 Brunson*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Dec-12, 1916* (28) *B. McLaughlin*  
Local RegistrarWhen 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.