Form No. 1

(1) PLACE OF BIRTH

County of Clendon

Township of Sammy Swamp

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1915

File No.—For State Registrar Only 3787

Registered No. 10 (For use of Local Registrar)

(2) Full Name of Child Bertha 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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH 2/2 1922 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Miller Brunson

(9) PRESENT POSTOFFICE OF FATHER Paxville, S.C.

(10) COLOR OR RACE Dark (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Paxville, S.C.

(13) OCCUPATION Farm

(20) Number of children born to mother, including present birth [illegible]

## MOTHER.

(14) NAME BEFORE MARRIAGE Mauda Williams

(15) PRESENT POSTOFFICE OF MOTHER Paxville

(16) COLOR OR RACE Dark (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Paxville, S.C.

(19) OCCUPATION Housewife

(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 alive at 9 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Nora Brunson

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Paxville, S.C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 18 1922 (28) C. S. Bridges 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.

MACON OF COLUMBIA, COLUMBIA, S.C.