

## (1) PLACE OF BIRTH

County of Lafayette  
 Township of Lafayette  
 or 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

3900

Registration District No. 1584 Registered No. 8  
 (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

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

1. BOY OR GIRL Boy 2. Twin or Triplet? No 3. Number in order of birth 9 4. Are Parents Married? Yes 5. DATE OF BIRTH 3/21 19 72  
 (Name of Month) (Day) (Year)

## FATHER.

6. FULL NAME Charles Brumley  
 7. PRESENT POSTOFFICE OF FATHER Lamar R  
 8. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42  
 9. BIRTHPLACE Lamar R  
 10. OCCUPATION Letterman

## MOTHER.

14. NAME BEFORE MARRIAGE St.  
 15. PRESENT POSTOFFICE OF MOTHER Lamar R  
 16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39  
 18. BIRTHPLACE Lamar R  
 19. OCCUPATION Domestic

20. Number of children born to mother, including present birth 10 21. Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. P. Vance

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lamar R

Given name added from a supplemental report

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

(27) Filed 3/22 19 72 (28) S. P. Vance 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.

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