

Form No 1.

## (1) PLACE OF BIRTH

County of DarlingtonTownship of PalmettoInc. Town of  
or

City of

(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

File No.—For State Registrar Only

46012

Registered No. ....

(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 20 1906</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME George Brunson(9) PRESENT POSTOFFICE OF FATHER Darlington(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Darlington Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Brunson(15) PRESENT POSTOFFICE OF MOTHER Darlington(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Darlington Co(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 born at (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. M. Warren(24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

....., 191.....

Registral

(26) Witness E. A. Early

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

(27) Filed June 21 1906 (28) E. A. Early

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.

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia