

(1) PLACE OF BIRTH

County of Berkley
 Township of 2nd of Johns
 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

3002

Registration District No. 703Registered No. 15
(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 May Bell Brudlow

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

(3) SEX girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age of Parent Married yes (7) DATE OF BIRTH 3/17-1923
 To be answered only in event of Twin or Triplet (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Brudlow(9) PRESENT POSTOFFICE OF FATHER Dead(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
(Year)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Sew Milling(14) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Varner(15) PRESENT POSTOFFICE OF MOTHER Moncks Corner S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Year)(18) BIRTHPLACE Berkley CO(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6-40 AM.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rose Bonnett(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Moncks Corner

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed (28) Berkley

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report before the fifth month of pregnancy.