

(1) PLACE OF BIRTH

County of FranklinTownship of 6Inc. Town of RidgewayCity of Franklin

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar only

28211

Registration District No. 6. H. O. S Registered No. 10
(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 Johnny May Brunson (If child is not yet named, make supplemental report as directed)(3) SEX-OR GENDER Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) DATE OF BIRTH Sept. 20 1923
(Month of Month) (Day) (Year)
To be answered only in case of Twin or Triplet

FATHER.

(8) FULL NAME Ben Brunson(9) PRESENT RESIDENCE OF FATHER Ridgeway S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Franklin County S. C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Rachel Sinner(15) PRESENT RESIDENCE OF MOTHER Ridgeway S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE Franklin County S. C.(19) OCCUPATION House Keeping(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mary Williams Ridgeway S. C. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness P. R. Sinner (Signature of Witness necessary only when question 23 is signed by doctor)(27) Filed Sept. 20 1923 (28) J. M. Lutton 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.