

Form No. 1

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Lane  
 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

30645

Registration District No. 2150Registered No. 45  
(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

Henry Walter Edwards

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

(3) BOY OR  
GIRL(4) Twin  
or Triplet? X(5) Number in  
order of birth 4(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Sept 16 1922  
(Name of Month (Day) (Year))

## FATHER.

(8) FULL NAME Alfred Brunner  
 (9) PRESENT POSTOFFICE OF FATHER Furman SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Katie Hadson  
 (15) PRESENT POSTOFFICE OF MOTHER Furman SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Wife Farmer  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alfred Brunner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report.

(26) Witness

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

19 \_\_\_\_\_  
Registrar(27) Filed 9-27-22(28) W. P. Ellis

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.