

## (1) PLACE OF BIRTH

County of Sparsburg  
 Township of Bushy  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 4000

File No.—For State Registrar Only

30146

Registered No. 78  
(For use of Local Registrar)

## (2) Full Name of Child

|   |   |   |  |  |
|---|---|---|--|--|
| 7. BOY OR GIRL?   | (4) Twin or Triplet?                            | (5) Number in order of birth                  | (6) Are Parents Married?   | 7. DATE OF BIRTH                                   |
|   | To be answered only in event of Twin or Triplet |   |  | <u>Sept 21, 28</u><br>(Name of Month) (Day) (Year) |
| FATHER.   |   |   | MOTHER.  |  |
| 8. FULL NAME <u>L. R. Brummett</u>                                      |   |   | 14. NAME BEFORE MARRIAGE <u>Emilio Hooper</u>                                      |  |
| 9. PRESENT POSTOFFICE OF FATHER <u>Greer SC</u>                         |   |   | 15. PRESENT POSTOFFICE OF MOTHER <u>Greer SC</u>                                   |  |
| 10. COLOR OR RACE <u>White</u>  | (17) AGE AT LAST BIRTHDAY <u>28</u><br>(Years)  | 16. COLOR OR RACE <u>White</u>                |  |  |
| 12. BIRTHPLACE <u>SC</u>  |   | 17. AGE AT LAST BIRTHDAY <u>21</u><br>(Years) |  |  |
| 13. OCCUPATION <u>Textile Worker</u>                                    |   |   | 18. BIRTHPLACE <u>SC</u>   |  |
|   |   |   | 19. OCCUPATION <u>Farmer</u>   |  |
| 20. Number of children born to mother, including present birth <u>1</u> |   |   | 21. Number of children of this mother now living, including present birth <u>1</u> |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (born, live or stillborn) at 9:30 P. M., on the date above stated. Hour A. M. or P. M.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greer SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Sept 22, 28

(28)

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.