

Form No. 1.

(1) PLACE OF BIRTH

County of Georgetown  
Township of # 5

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**89950**

Inc. Town of ..... Registration District No. 2104 Registered No. 45  
(For use of Local Registrar)  
City of ..... (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. Harrison Brumme { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 30 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Daniel Brumme

(9) PRESENT POSTOFFICE OF FATHER Plantersville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Georgetown Co # 5

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... 4 .....

**MOTHER.**

(14) NAME BEFORE MARRIAGE Bea Drayton

(15) PRESENT POSTOFFICE OF MOTHER Plantersville S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Georgetown Co # 5

(19) OCCUPATION Housewife

(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 at ..... 8 ..... P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Daniel Brumme

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Farmer Plantersville S.C.

Given name added from a supplemental report

(26) Witness Maude Burlock  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 1 1916 (28) G. L. Cecil 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.

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.