

(1) PLACE OF BIRTH

County of Sumter
Township of Cambridge
or
Inc. Town ofCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2037

Registration District No. 4100 Registered No. 23
(For use of Local Registrar)(2) Full Name of Child Erwin Brunson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? 2 (5) Are Parents Married? Yes (6) DATE OF BIRTH June 1923
To be answered only in case of Twin or Triplet

FATHER.

(7) FULL NAME Erwin Brunson(8) PRESENT POSTOFFICE OF FATHER Sumter S.C.(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 34(11) BIRTHPLACE S.C.(12) OCCUPATION farmer(13) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Kenneth M. Brunson(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30(18) BIRTHPLACE S.C.(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Phillips Scott

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Brooklyn

(Given name added from a supplemental report)

see affidavit
1/24/25
Registrar(25) Witness J. L. Kinn
(Signature of Witness necessary only when question 21 is signed by mark)(26) Filed July 3, 1923 (27) Erwin B. Kinn*When there was no attending physician or midwife, then the father, householder, etc., should make the report.
If a child breathes even once, it must not be reported as stillborn. No report is needed of children before the fifth month of pregnancy.