

(1) PLACE OF BIRTH

County **SUMTER, S.C.**

Township of

Inc. Town of

City **SUMTER, S.C.**

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11-17 State Register
5323Registration District **41-A**Registered No. **98**
(For use of Local Registrar)

(1) If child born in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child **Myronny Brunson** If child is not yet named, make supplemental report as directed(3) BOY OR GIRL **Boy** (4) Twin or Triplet **no** (5) Number in order of birth **no** (6) DATE OF BIRTH **Feb 22 1923**
(Name of Month) (Day) (Year)FATHER.
(7) FULL NAME **Ray**
(8) PRESENT POSTOFFICE OF FATHER **Ray**
(9) COLOR OR RACE **Colored**
(10) BIRTHPLACE **Sumter**
(11) AGE AT LAST BIRTHDAY (Year) **18**
(12) OCCUPATION **Farmer**
(13) Number of children born to mother, including present birth **1**MOTHER.
(14) NAME BEFORE MARRIAGE **Laura Brunson**
(15) PRESENT POSTOFFICE OF MOTHER **Sumter - S.C.**
(16) COLOR OR RACE **Colored**
(17) AGE AT LAST BIRTHDAY (Year) **18**
(18) BIRTHPLACE **Sumter**
(19) OCCUPATION **Cook**
(20) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **Born alive at 2 P.M.**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) **Lela Wilson**
(23) State whether Physician or Midwife **midwife** (24) Address of Physician or Midwife **Sumter - S.C.**

Give name added from a supplemental report

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

(26) Filed **Mar 1 1923** (27) **D. O. Browning** 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.

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