

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of Spring Islandor  
Inc. Town of .....or  
City of .....

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charlie Bruter

File No.—For State Registrar Only

17957

Registration District No. 91.0.BRegistered No. ....  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>No</u>	7) DATE OF BIRTH <u>June 25, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Leone Mills

9) PRESENT POSTOFFICE OF FATHER Wilmington

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

12) BIRTHPLACE Charleston SC

13) OCCUPATION Teacher

## MOTHER.

(14) NAME BEFORE MARRIAGE Mat Merriell Mary Bruter

(15) PRESENT POSTOFFICE OF MOTHER Wilmington SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Wilmington SC

(19) OCCUPATION Wash in factory in Charleston

(21) Number of children of this mother now living, including present birth 1

20) Number of children born to mother, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. H. Linnick

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

Given name added from a supplemental report

(26) Witness W. H. Linnick  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 26, 1922 (28) W. H. Linnick 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.