

(1) PLACE OF BIRTH

County of Georgetown
 Township of #1
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18690

Registration District No. 21.04 Registered No. 49
 (For use of Local Registrar)

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

(2) Full Name of Child Viola Brunswick If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24, 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Brunswick
 (9) PRESENT POSTOFFICE OF FATHER Henningsway S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE Georgetown Co #6
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Beie Morrison
 (15) PRESENT POSTOFFICE OF MOTHER Henningsway S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE Georgetown Co #5
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lee Brunswick(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Henningsway S.C.

Given name added from a supplemental report

(26) Witness Maud Maxwell
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 2, 1912 (28) L. L. Blair
 Registrar 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.

MACAW OF COLUMBIA, COLUMBIA, S. C.
 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.