

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. WITH UPFADING INK—THIS IS A PERMANENT RECORD  
 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 3

(1) PLACE OF BIRTH

County of Sumter  
 Township of Calder  
 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

2635

Registration District No. 4110 Registered No. 2  
 (For use of Local Registrar)

(2) Full Name of Child Geneva Brunson

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?  
 To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 16, 22  
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Guilla Brunson

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

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Prince

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

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Ella Brunson

(24) State whether: Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Payville SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 10, 22 (28) O. S. Grier 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.