

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 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

8577

Registration District No. 1309 Registered No. 15
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 28 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Shesh Brunson
 (9) PRESENT POSTOFFICE OF FATHER Summerville S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 38
 (Year)

(12) BIRTHPLACE Clarendon S.C.
 (13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 4

MOTHER
 (14) NAME BEFORE MARRIAGE May Leflore
 (15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25
 (Year)

(18) BIRTHPLACE Clarendon S.C.
 (19) OCCUPATION Home

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alone at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Letha L. L. L.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville S.C.

(Given name added from a supplemental report

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

(27) Mar 24 1923 (28) H. E. Pickney 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.