

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Holmes Bridge
 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

31108

Registration District No. 3008 Registered No. 62
 (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 Paula May Brunson 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 Sept 10 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Brunson(9) PRESENT POSTOFFICE OF FATHER Wm. Brunson(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
 (Years)(12) BIRTHPLACE Wm. Brunson(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Wattie Bell Blyther(15) PRESENT POSTOFFICE OF MOTHER Wattie Bell Blyther(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Years)(18) BIRTHPLACE Wattie Bell Blyther(19) OCCUPATION Domestic(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 11:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wattie Brunson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wattie Brunson

Given name added from a supplemental report

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

(27) Filed Sept 22 1922 (28) P. M. Brunson 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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 NO SPACES ARE TO BE LEFT BETWEEN OR WITHIN WORDS. USE A SEPARATE BLANK FOR EACH CHILD, AND ONLY ONE.
 FIRST-CLASS, No. 1. THE OTHER, No. 2. SEE INSTRUCTIONS.

Bureau of Vital Statistics, Columbia, S. C.