

SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Rich

Township of Griggs

or
Inc. Town of Rich

or
City of

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

(2) Full Name of Child Les Brun

(3) BOY OR GIRL? B

(4) Twin or Triplet? 1
To be answered only in event of Twins or Triplets

(5) Number in order of birth 4

(6) Are Parents Married? Y

(7) DATE OF BIRTH July 1, 1922
(Name of Month) (Day) (Year)

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

FATHER.

(8) FULL NAME Les Brun

(9) PRESENT POSTOFFICE OF FATHER Vanderhook SE

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Vanderhook SE

(13) OCCUPATION Mill operator

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Knice

(15) PRESENT POSTOFFICE OF MOTHER Vanderhook SE

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Vanderhook SE

(19) OCCUPATION Mill operator

(21) 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 Olum at 11:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. L. Menell

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Bronckville SE

Given name added from a supplemental report

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

(27) Filed July 10, 1922 W. H. Threlkeld 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.

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