

1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

1(1) PLACE OF BIRTH

County of Cherokee
Township of Woodsville
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

357

Registration District No. 1002 Registered No. 25
(For use of Local Registrar)

City of (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 Litha Bruntson 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 *8* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH: *Feb 10* 19*72*
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	P. H. Brathen	(14) NAME BEFORE MARRIAGE	Margaret Davidson

(9) PRESENT POSTOFFICE OF FATHER *Milwaukee AC* (15) PRESENT POSTOFFICE OF MOTHER *Milwaukee AC*

(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>44</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>37</i> (Years)
------------------------------------	---	------------------------------------	---

(12) BIRTHPLACE MEXICO	(18) BIRTHPLACE MEXICO
---------------------------	---------------------------

(13) OCCUPATION	(19) OCCUPATION
Student	Student

(66) Number of children born to: 1 2

(20) number of children born to mother, including present birth new living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

730

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) _____

(24) State whether Physician or Midwife: | (25) Address of Physic _____ or Midwife _____

Given name added from a supplement-
al report.

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

Stamp: *State* 15 Registrar (27) Filed 11/21/10 10:22 (28) *State* 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.