

## (1) PLACE OF BIRTH

County of GrainvilleTownship of hhor Inc. Town of hhor City of Brandon

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42700

Registration District No. 209B Registered No. 428

(For use of Local Registrar)

(2) Full Name of Child Arnell McCollum [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 5 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Mrs. H. McCollum(9) PRESENT POSTOFFICE OF FATHER # 2 Brunet(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Textile(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Essie Whayne(15) PRESENT POSTOFFICE OF MOTHER # 2 Brunet(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE SC.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was born at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. T. Walker(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Grainville

Given name added from a supplemental report

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

(27) 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 be reported as stillborn. No report is desired of stillborn before the birth month of pregnancy.