

Form No 1.

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Cornland

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

44754

Inc. Town of ..... Registration District No. 4-100 Registered No. 117  
 or  
 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 Frank Brunser } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? No (7) DATE OF BIRTH Nov 23 1915  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME .....  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE ..... (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....  
 (14) Number of children born to mother, including present birth } ..... 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Henseta Brunser  
 (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R.H.  
 (16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 17 (Years)  
 (18) BIRTHPLACE Sumter Co  
 (19) OCCUPATION field hand  
 (20) Number of children of this mother now living, including present birth } ..... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 PM M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Michaela W. Feorne  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 30 1915. (28) Den. Kinney  
 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.