

## (1) PLACE OF BIRTH

County of Wm. B. G.  
 Township of Huger  
 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

12328

Registration District No. 4301 Registered No. 431  
 (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 Joseph Brunson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 13 1929  
 To be answered only in event of Twin or Triplet (Name) (Month) (Day) (Year)

FATHER. MOTHER.  
 (8) FULL NAME Henry Brunson (9) NAME BEFORE MARRIAGE Rebecca Bennett  
 (10) PRESENT POSTOFFICE OF FATHER Greenville S.C. (11) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (12) COLOR OR RACE Negro (13) AGE AT LAST BIRTHDAY 37 (14) COLOR OR RACE Negro (15) AGE AT LAST BIRTHDAY 38  
 (16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.  
 (18) OCCUPATION Farmer (19) OCCUPATION House wife  
 (20) Number of children born to mother, including present birth 8 (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 a. M.  
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Julia Gamble(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville S.C.

(When name added from a supplemental report)

(26) Witness

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

(27) Filed Apr 21 1929

(28)

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.