

(1) PLACE OF BIRTH

County of Wm.burgTownship of Penn

Inc. Town of

City of

(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

54087

Registration District No. 4308Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Tholly Cibo Brunon

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 5(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 21, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Brunon(9) PRESENT POSTOFFICE OF FATHER Lanes S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE St. Paul, S.C.(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Clark(15) PRESENT POSTOFFICE OF MOTHER Lanes S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE Georgetown, S.C.(19) OCCUPATION Farm Laborer(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 Brunon at 10 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Elizabeth Clark(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lanes S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed 3/21/16

(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.

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Albert R. Mosley
Local Registrar

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.