

(1) PLACE OF BIRTH
 County of Wmberg
 Township of Penn
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (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. 4308 Registered 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? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Brunon
 (9) PRESENT POSTOFFICE OF FATHER Lanes SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE St Paul, S.C.
 (13) OCCUPATION Harmon 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 SC
 (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 SC

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness JL B... (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 3/21/16 1916 (28) JL B... Local Registrar

N. H.—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.

*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.
 *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.

Albert R. Mosley
 Local Registrar