

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 3502

File No.—For State Registrar Only
31529

Registered No. 128
 (For use of Local Registrar)

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

(2) Full Name of Child Mattie Core Virginia Brum If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 7 1922
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME William Perrett Brum(9) PRESENT POSTOFFICE OF FATHER Jensen, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE In Oconee Co, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Lucina Brum(15) PRESENT POSTOFFICE OF MOTHER Jensen, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE In Oconee Co, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:9 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jensen, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (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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