

Form No. 1

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Laws

or

Inc. Town of

or

City of

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

(2) Full Name of Child Jacob Brunson(3) BOY OR GIRL? boy

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth 3

(6) Are no Parents Married?

(7) DATE OF Feb. 8th BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Brunson(9) PRESENT POSTOFFICE OF FATHER Salters Depot, P.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Charendow co. S. C.(13) OCCUPATION farm laborer(30) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Lawson(15) PRESENT POSTOFFICE OF MOTHER Salters Depot, S. C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Williamsburg co. S. C.(19) OCCUPATION farm laborer(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 alive at 4 A. M. (Hour & M. or P. M.) on the date above stated. (Born alive or stillborn)(23) (Signature) Adriana X. Muller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Heinemann 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 Feb. 10th 1916 (28) Albert B. Moreley 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.

MARRIAGE RECORDS FOR BIRTHS.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50701

Registered No. 8
(For use of Local Registrar)Registration District No. 4305

St.; Ward)

If child is not yet named, make supplemental report as directed.