

MARGIN REMOVED FOR REVISION.

WRITE PLAINLY. WITH INK. FILL IN ALL SPACES. IN A PREPARATORY REPORT. PRINT-BOXES. No. 1. THIS OFFICE. No. 2. No. 3. No. 4. No. 5. No. 6. No. 7. No. 8. No. 9. No. 10. No. 11. No. 12. No. 13. No. 14. No. 15. No. 16. No. 17. No. 18. No. 19. No. 20. No. 21. No. 22. No. 23. No. 24. No. 25. No. 26. No. 27. No. 28. No. 29. No. 30. No. 31. No. 32. No. 33. No. 34. No. 35. No. 36. No. 37. No. 38. No. 39. No. 40. No. 41. No. 42. No. 43. No. 44. No. 45. No. 46. No. 47. No. 48. No. 49. No. 50. No. 51. No. 52. No. 53. No. 54. No. 55. No. 56. No. 57. No. 58. No. 59. No. 60. No. 61. No. 62. No. 63. No. 64. No. 65. No. 66. No. 67. No. 68. No. 69. No. 70. No. 71. No. 72. No. 73. No. 74. No. 75. No. 76. No. 77. No. 78. No. 79. No. 80. No. 81. No. 82. No. 83. No. 84. No. 85. No. 86. No. 87. No. 88. No. 89. No. 90. No. 91. No. 92. No. 93. No. 94. No. 95. No. 96. No. 97. No. 98. No. 99. No. 100.

(1) PLACE OF BIRTH

County of Colleton  
 Township of Pine Grove  
 or  
 Inc. Town of Lowville S.C.  
 or  
 City of .....

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

No. 3094 — For State Registrar Only

Registration District No. 888

Registered No. 8  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)  
 (No. .... St. .... Ward ....)

(2) Full Name of Child Charley Brunson

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

(3) <u>BOY OR GIRL</u>	(4) <u>Two or Triple</u> To be answered only in event of Twins or Triplets	(5) <u>6</u> Number in order of birth	(6) <u>yes</u> Are Parents Married	(7) <u>Feb 19 1923</u> DATE OF BIRTH (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) <u>J. Brunson</u> FULL NAME			(14) <u>Hirney Brunson</u> NAME BEFORE MARRIAGE	
(9) <u>91 Motte S.C.</u> PRESENT POSTOFFICE OF FATHER			(15) <u>74 Motte S.C.</u> PRESENT POSTOFFICE OF MOTHER	
(10) <u>Negro</u> COLOR OR RACE			(16) <u>Negro</u> COLOR OR RACE	
(11) <u>27</u> AGE AT LAST BIRTHDAY (Years)			(17) <u>27</u> AGE AT LAST BIRTHDAY (Years)	
(12) <u>S.C.</u> BIRTHPLACE			(18) <u>S.C.</u> BIRTHPLACE	
(13) <u>Farmer</u> OCCUPATION			(19) <u>Wife</u> OCCUPATION	
(20) <u>6</u> Number of children born to mother, including present birth			(21) <u>6</u> Number of children of this mother now living, including present birth	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 3 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Williams  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife 91 Motte S.C.

Given name added from a supplemental report  
 .....

(26) Witness Mrs. J. D. Stondermire  
 (Signature of witness necessary only when question 23 is signed by mother)  
 (27) Filed Feb 20 1923 at Lowville S.C.  
 Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of a child born before the fifth month of pregnancy.