

(1) PLACE OF BIRTH

County of *Dillon*Township of *Carmichael*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29928

Registration District No. *1601*Registered No. *78*

(For use of Local Registrar)

City of

(2) Full Name of Child *Bessie Brumles* { 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

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Oct 1 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *L. H. Brumles*(9) PRESENT POSTOFFICE OF FATHER *Homer S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *27* (Years)(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Farm*(16) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Berlake Jackson*(15) PRESENT POSTOFFICE OF MOTHER *Homer S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)(18) BIRTHPLACE *N.C.*(19) OCCUPATION *Housewife*(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 *Born alive* at *1230 A.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 *Beaufort N.C.*

Given name added from a supplemental report

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

(27) Filed *Sept 10 1922* (28) *W. M. Gillan* 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.