

(1) PLACE OF BIRTH

County of ShereeTownship of "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

4091

Registration District No. 20-A Registered No. 52
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child See Brunson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 40 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME See Brunson(9) PRESENT POSTOFFICE OF FATHER Sheree(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carla Johnson(15) PRESENT POSTOFFICE OF MOTHER Sheree(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Sheree(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) See Mack (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife See Mack

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 2-9-22 (28) C. C. C. P. H. D. 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.