

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Charleston  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only  
**80514**

Registration District No. 9A Registered No. 1098  
 (For use of Local Registrar)  
 (No. 16 Doughty St.; \_\_\_\_\_ Ward)

(2) Full Name of Child Barbara Elizabeth Zinn Brunnen 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 12 1916  
 (Name of Month) (Day) (Year)

FATHER: Brynnen  
 (8) FULL NAME Thomas Park Zinn Brunnen  
 (9) PRESENT POSTOFFICE OF FATHER Charleston  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Oakland, Iowa  
 (13) OCCUPATION Teacher  
 (20) Number of children born to mother, including present birth Four

MOTHER:  
 (14) NAME BEFORE MARRIAGE Veda Mae Powers  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Villusa, Iowa  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth Four

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 8:20 A.M.

(23) (Signature) A. J. Green, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 10/12/16 1916 (28) J. Marcus Green, M.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.

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Registrar \_\_\_\_\_ Filed 10/31 1916 J. M. Green, M.D.  
 Corrected: \_\_\_\_\_ LEON BANDY, M.D.  
 JUN 26 1940 REGISTRAR

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McCRAW OF COLUMBIA  
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