

(1) PLACE OF BIRTH

County of Williamsburg
 Township of Pittsboro
 OF
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
32686

Registration District No. 4912 Registered No. 24
 (For use of Local Registrar)

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

(2) Full Name of Child Samuel Arant

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 19 22
 (Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME Isaac Arant
 (9) PRESENT POSTOFFICE OF FATHER Andrews, H.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Georgetown Co
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Mary Darby
 (15) PRESENT POSTOFFICE OF MOTHER Andrews, H.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Williamsburg Co
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) George Brunson, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept. 13 19 22 (28) C. J. Harris
 Registrar 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.

THIS FORM IS TO BE FILLED OUT FOR EACH CHILD, AND MUST BE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.