

Form No. 1

(1) PLACE OF BIRTH

County of Sumter  
 Township of Concord  
 or  
 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

24046

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

(No. 4100 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 James Brunson (If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL? Boy 4 Twin or Triplet? 4 5 Number in order of birth 4 6 Are Parents Married? ye 7 DATE OF BIRTH June 6, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Rainie Brunson  
 9 PRESENT POSTOFFICE OF FATHER Sumter 26 R 1  
 10 COLOR OR RACE negr (11) AGE AT LAST BIRTHDAY 35 (Years)  
 12 BIRTHPLACE 26  
 13 OCCUPATION farm hand  
 20 Number of children born to mother, including present birth 4

MOTHER.

14 NAME BEFORE MARRIAGE Dora Jordan  
 15 PRESENT POSTOFFICE OF MOTHER Sumter 26 R 1  
 16 COLOR OR RACE negr (17) AGE AT LAST BIRTHDAY 30 (Years)  
 18 BIRTHPLACE 26  
 19 OCCUPATION house wife  
 21 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha J. Sevens  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter 26

Given name added from a supplemental report

(26) Witness J. D. Kinney  
 (Signature of Witness necessary only when question 23 is signed by mark)

....., 19..... Registrar (27) Filed June 11, 1922 (28) R. J. Kinney 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.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 MARGIN RESERVED FOR BINDING.  
 MEDICAL DEPARTMENT, COLUMBIA, S. C.