

McGraw-Hill, Columbia, S. C.

County of 1222 Hwy  
Township of 27 9 2 100  
or  
Inc. Town of .....  
or  
City of .....

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

2007A

Registration District No. 104 Registered No. ....  
(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 .....

(2) Full Name of Child John Grant Bunch If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>no</i>	(5) Number in order of birth <i>one</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>sept 9, 22</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(2) FULL NAME John J. Beuck

(9) PRESENT POSTOFFICE OF FATHER palmerville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 10 (Years)

(12) BIRTHPLACE Berkeley Ca

(13) OCCUPATION Farmer.

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE *Wilder V. Bunch*

(15) PRESENT POSTOFFICE OF MOTHER *Wilmington St*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *35*  
(Years)

(18) BIRTHPLACE *Berkley Co.*

(19) OCCUPATION *House work*

(21) Number of children of this mother now living, including present birth *1-10*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was.....at 9<sup>15</sup> P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie B. Bradwell  
(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed 09/11/22 (28) SPINA  
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.