

(1) PLACE OF BIRTH

County of Williamburg,Township of Kingstree,

Inc. Town of

City of

(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

No. 10 - For State Registrar Only

30457

Registration District No. 4.1.4 Registered No. 3.9.....

(For use of Local Registrar)

(2) Full Name of Child

Arthur Lee Brummett

If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Girl</u>	(2) Twin or Triplet <input checked="" type="checkbox"/>	(3) Number in order of birth <input checked="" type="checkbox"/>	(4) Age of mother <u>24</u>	(5) DATE OF BIRTH <u>Sept. 18, 1923</u>
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FATHER.

(8) FULL NAME Joseph F. Brummett(9) PRESENT POSTOFFICE OF FATHER Kingstree, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Williamburg Co., S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 16

MOTHER.

(15) NAME BEFORE MARRIAGE Julian B. Williams(16) PRESENT POSTOFFICE OF MOTHER Kingstree, S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 24 (Year)(19) BIRTHPLACE Charleston Co., S.C.(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 12:30 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Hanningway(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kingstree, S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 24, 1923 (28) J. S. McPherson 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.