

(1) PLACE OF BIRTH

County of Carroll

Township of

or
Loc. Town of North

City of

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

(2) Full Name of Child Grace Brunson (If child is not yet named, make supplemental report as directed.)(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Age Parents Married? yes (7) DATE OF BIRTH Apr. 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Brunson(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Working Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. F. T. T. T. T.(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(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 at P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) James E. Knipe
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness Grace
(Signature of Witness necessary only when question 23 is signed by mark)(27) May 5, 1922 (28) Grace 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.