

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town .....

City of Charleston

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

(2) Full Name of Child Jennie Brunner Cain

(3) Sex girl (4) Age 30 (5) Date of Birth May 30 1902  
 (6) Place of Birth Charleston (7) Date of Birth May 30 1902  
 (8) Name of Father Thomas Andrew O'Brien (9) Name of Mother Jennie Brunner Cain

(10) Color White (11) Age at Last Birthday 29 (12) Color White (13) Age at Last Birthday 29

(14) Occupation Advertising Manager (15) Occupation Housewife

(16) Number of children born to mother, including present birth 1 (17) Number of children of this mother now living, including present birth 1

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

(19) Signature [Signature] (20) Address of Physician or Midwife [Address]

(21) State South Carolina (22) Date May 30 1902

(23) Filed May 30 1902 (24) Local Registrar [Signature]

(25) 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.

(26) Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(28) Filed May 30 1902 (29) Local Registrar [Signature]

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