

(1) PLACE OF BIRTH *Belleville*County of *Beaufort*Township of *Grassy*or  
1st. Town of *Grassy*or  
City of *Grassy*

(No. .... St.; .... Ward)

(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

Registration District No. *2-B*

File No.—For State Registrar Only

26821

Registered No. *50*  
(For use of Local Registrar)(2) Full Name of Child *Adrian J. E. Nunn*

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

(3) BOY OR GIRL *B*(4) Twin or Triplet  
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *Y*(7) DATE OF BIRTH *Sept 20 1951*  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Lennie Nunn*(9) PRESENT POSTOFFICE OF FATHER *Hamletville S C*(10) COLOR OR RACE *N*(11) AGE AT LAST BIRTHDAY *30*  
(Year)(12) BIRTHPLACE *S C*(13) OCCUPATION *MLB*(14) Number of children born to mother, including present birth *1-3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Karen Glog*(15) PRESENT POSTOFFICE OF MOTHER *Hamletville S C*(16) COLOR OR RACE *N*(17) AGE AT LAST BIRTHDAY *27*  
(Year)(18) BIRTHPLACE *S C*(19) OCCUPATION *H W*(20) Number of children of this mother now living, including present birth *1-3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was *born* at *11 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *A. Nunn*(23) State whether Physician or Midwife *Physician*(24) Address of Physician or Midwife *Hamletville*

Given name added from a supplemental report

(25) Witness

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

(26) Filed *Oct 4 1951*

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.

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