

(1) PLACE OF BIRTH

County of SumterTownship of Manchesteror
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91971

Registration District No. 4101 Registered No. 19

(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Frances Brunson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Brunson(9) PRESENT POSTOFFICE OF FATHER Pine wood SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Sumter Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Brunson(15) PRESENT POSTOFFICE OF MOTHER Pine wood Co SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Sumter Co SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) E. H. Glover(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pine wood SC

Given name added from a supplemental report

(26) Witness B. W. Jackson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 17 1916 (28) Marion Gault 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.