

(1) PLACE OF BIRTH

County of CalhounTownship of Imelsaor
Inc. Town ofor
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 George Brismen

File No.—For State Registrar Only

41122

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 500 Registered No. 157

(For use of Local Registrar)

(No. St.; Ward)

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? One (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 29 22
(Name) (Month) (Day) (Year)

FATHER

8) FULL NAME Kiel Brismen9) PRESENT POSTOFFICE OF FATHER Fort Mite S.C.10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 22
(Years)12) BIRTHPLACE Calhoun Co13) OCCUPATION Farm laborer20) Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Ida Brismen(15) PRESENT POSTOFFICE OF MOTHER Fort Mite S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Calhoun Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born Sept 29 at 4:40 M.,
on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mindy Brismen(24) State whether Midwife or Midwife Address of Fort Mite

Given name added from a supplemental report

(25) Witness J. A. Waddy
Signature of Witness necessary only when question 23 is signed by mark(26) Jan 9 1923 (27) A. R. Able Local Registrar

When there was no attending physician or midwife, 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 birth month of pregnancy.

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