

(1) PLACE OF BIRTH

County of Spartanburg
Township of Leclifton
or
Inc. Town of Leclifton
or
City of Leclifton
(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

File No.—For State Registrar Only
50532

Registration District No. 4008 Registered No. 451
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child John Franklin Bomar

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 Feb. 25
Use covered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Benj. Bomar
(9) PRESENT POSTOFFICE OF FATHER Leclifton, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Leopkens, S.C.
(13) OCCUPATION Teamster
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Emma May Johnson
(15) PRESENT POSTOFFICE OF MOTHER Leclifton, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 45 (Years)
(18) BIRTHPLACE Leopkens, S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Hariet M. Pinder
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leopkens, S.C.

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness Hariet M. Pinder
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 25 6 (28) E. J. Carter 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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N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.