

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or

City of

(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

File No. — For State Registrar Only

43501

Registration District No. 2105

Registered No. 153

2) Full Name of Child Carley Broom .. { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 1, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Broom

(9) PRESENT POSTOFFICE OF FATHER

Cayle S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

25 (Years)

(12) BIRTHPLACE

Rich Land C.D.

(13) OCCUPATION

house wife

(14) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

mathe heshaw

(15) PRESENT POSTOFFICE OF MOTHER

Cayle S.C.

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

Rich Land C.D.

(19) OCCUPATION

public work

(20) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) mid. wife. Rosa J. Kelley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

new Brook Land S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness

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

(27) Filed

7/10

1912?

(28)

J.C. Lybrand

(29)

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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