

(1) PLACE OF BIRTH

County of KershawTownship of Flat Rock

City of

City of

(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

30870

Registration District No. 2702 Registrar No. 44

(For use of Local Registrar)

(2) Full Name of Child Loddy Bomer

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 24, 1902
(Name & Month) (Day) (Year)

(8) FULL NAME

Arner Bomer

(9) PRESENT POSTOFFICE OF FATHER

Westville

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

63
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Bell Melton

(15) PRESENT POSTOFFICE OF MOTHER

Westville

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farming

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

8

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

18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Harris

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwWestville

Given name added from a supplemental report

(26) Witness

J. S. Elder
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

19021902(28) J. H. Barfield
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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