

FORM NO. 2

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16081

Registration District No. 502

Registered No. 7

(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 Harriox Bronson

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

Is an answer only in case of twins or triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 27 1914

(Name of Month) (Day) (Year)

FATHER.

Full Name

Louis Grant Bronson

(8) PRESENT POSTOFFICE OF FATHER

Hodoe sc Rt. 1

(9) COLOR OR RACE

White

(10) AGE AT LAST BIRTHDAY

24

(Years)

(11) BIRTHPLACE

Edgefield co. sc

(12) OCCUPATION

Farmer

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

Six

(14) NAME BEFORE MARRIAGE

Janie Holmes

(15) PRESENT POSTOFFICE OF MOTHER

Hodoe sc Rt. 1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Edgefield co. sc

(19) OCCUPATION

Farmer

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(22) (Signature) Leanna Garrett Midwife

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Hodoe sc Rt. 1

Given name added from a supplemental report

191

Registrar

(25) Witness

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

(26) Filed Feb 27 1914(27) W. D. Swales 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH PENCILING INK. THIS IS A PERMANENT RECORD.

N.B.—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.

McLaws of Columbia