

MARGIN RESERVED FOR BINDING.

WRIT: PLAINLY, WITH UNFADING 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.

Caw. of Columbia.

(1) PLACE OF BIRTH

County of FairfieldTownship of 3Inc. Town of OFCity of Thomson (No. 1902)

(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

46130

Registration District No. 1902 Registered No. 47

(For use of Local Registrar)

2) Full Name of Child Frances Broom

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>20</u>	(7) DATE OF BIRTH <u>Jan. 15, 1914</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Walter Wright(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY Years(12) BIRTHPLACE Piedmont Co.(13) OCCUPATION Son of owner(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucinda Broom(15) PRESENT POSTOFFICE OF MOTHER Seneca, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Piedmont Co.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary E. Coleman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Seneca, S.C.

Given name added from a supplemental report

11/21/14 1914L. H. T. Registrar(26) Witness Lucie Fowler (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 8 1914 (28) A. O. Fowler 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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