

MARGIN RESERVED FOR BINDING.

WRITE 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.

(1) PLACE OF BIRTH County of <u>Rich.</u> Township of <u>Cent.</u> or Inc. Town of ..... or City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>3801</u> ... Registered No. <u>70</u> ..... (For use of Local Registrar) (No. .... St.; ..... Ward) (If child is not yet named, make supplemental report as directed)		File No.—For State Registrar Only <b>74544</b>
(2) Full Name of Child <u>My Name</u>				
(3) BOY OR GIRL? <u>My</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 20 1916</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>J. L. Broggill</u> (9) PRESENT POSTOFFICE OF FATHER <u>L. K. and S. C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>28</u> (Years) (12) BIRTHPLACE <u>Rich. Co.</u> (13) OCCUPATION <u>Labourer</u> (20) Number of children born to mother, including present birth <u>3</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Marie Broggill</u> (15) PRESENT POSTOFFICE OF MOTHER <u>L. K. and S. C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) (18) BIRTHPLACE <u>Rich. Co.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>3</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>3 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Elizabeth Broggill</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Rich. Co.</u>				
Given name added from a supplemental report ..... ..... 19 ..... Registrar		(26) Witness <u>J. E. Black</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>May 20 1916</u> (28) <u>Louis L. Conte</u> 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.