

Inc. Town of Registration District No. 314 Registered No. 35-
 (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, name of same instead of street and number.)

(2) Full Name of Child Mamie Broadman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June, 16, 1916
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.
 (8) FULL NAME Luther Broadman
 (9) PRESENT POSTOFFICE OF FATHER Pigeon R.F.D.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Greenville County
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 113

MOTHER.
 (14) NAME BEFORE MARRIAGE Bethie Chatman
 (15) PRESENT POSTOFFICE OF MOTHER Pigeon R.F.D.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Greenville County
 (19) OCCUPATION Domestic
 (21) 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 6-7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Sealey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pigeon R.D.

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 1916 (28) E. H. Poore Local Registrar

FORM NO. 4. VIRGIN REPRODUCED BY PERM. FROM THE U.S. BUREAU OF VITAL STATISTICS. WITH CHANGING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5. McCaw, of Columbia.

*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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