

Form No. 1.

(1) PLACE OF BIRTH

County of FlorenceTownship of James Bay

Inc. Town 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

72800

Registration District No. 2014 Registered No. 39
(For use of Local Registrar)(2) Full Name of Child Lela Elizabeth Broach { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug 20 Sun
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Isaiah Broach(9) PRESENT POSTOFFICE OF FATHER Bannockburn S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Lynchburg S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Lee Jeffords(15) PRESENT POSTOFFICE OF MOTHER Bannockburn(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Timmonsville S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 10:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emmer Phillips

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Bannockburn(26) Witness Linda Miles Martha Brown
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 30 1916 (28) D.C. Keel Local Registrar

Given name added from a supplemental report

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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 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.

McCaw, of Columbia.