

(1) PLACE OF BIRTH

County of FranklinTownship of Spauldingor
Inc. Town ofor
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
91917

Registration District No. 4008Registered No. 778

(For use of Local Registrar)

(2) Full Name of Child Bruce D. Broun

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

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)
12 29 1916**FATHER.**

(8) FULL NAME

Melvin Lee Broun

(9) PRESENT POSTOFFICE OF FATHER

Whitstone S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)
24

(12) BIRTHPLACE

Concord N.C.

(13) OCCUPATION

Farmer

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

2**MOTHER.**

(14) NAME BEFORE MARRIAGE

Catherine J. Broun

(15) PRESENT POSTOFFICE OF MOTHER

Whitstone S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)
20

(18) BIRTHPLACE

Whitstone S.C.

(19) OCCUPATION

Domestic

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

2**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was Alive at 6:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. B. Ransom

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Franklin S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 30 1916

(28)

E. F. Foster

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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 FIRST-BORN N. No. 1. THE OFFICE, No. 2, etc., in question 5.