

(1) PLACE OF BIRTH

County of LynchTownship of CongerInc. Town of McBroomCity of McBroom

(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

33012

Registration District No. 3102 Registered No. 101
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth nine (6) Are Parents Married? yes (7) DATE OF BIRTH July 6 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. Spencer(9) PRESENT POSTOFFICE OF FATHER McBroom & Co(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 47
(Year)(12) BIRTHPLACE Lynch Co(13) OCCUPATION Deputy(20) Number of children born to mother, including present birth nine

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Hallow(15) PRESENT POSTOFFICE OF MOTHER McBroom & Co(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 41
(Year)(18) BIRTHPLACE Aiken Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 5:20 P. M.,
on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)(23) (Signature) W. A. Oxner (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 10 1923 (28) J. C. Lybrand 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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