

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 2.

McGraw-Hill, Columbia, S. C.

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

*Dorchester*  
*Burris*  
*Ridgeville*

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

*1700*

File No.—For State Registrar Only

*34168*

Registered No.

*70*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

*Ellen D. Brooman*

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

(3) SEX

*Girl*

(4) Twin or Triplet?

*No*

(5) Number in order of birth

*1*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Oct 30 22*

## FATHER.

(8) FULL NAME

*Adam Brooman*

(9) PRESENT POSTOFFICE OF FATHER

*Ridgeville*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*22*

(12) BIRTHPLACE

*S. Car.*

(13) OCCUPATION

*Labourer*

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

*1*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Ellen Dandridge*

(15) PRESENT POSTOFFICE OF MOTHER

*Ridgeville*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*19*

(18) BIRTHPLACE

*S. Car.*

(19) OCCUPATION

*Domestic*

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

*1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was...

*Alive*

*10 P. M.*

on the date above stated.

(23) (Signature)

*Lucy Bryant*

(24) State whether Physician or Midwife

*Midwife*

(25) Address of Physician or Midwife

*Ridgeville*

Given name added from a supplemental report

(26) Witness

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

(27) File

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(28) Local Registrar

*W. H. Johnston*

\*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.