

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.

(1) PLACE OF BIRTH Charleston STATE OF SOUTH CAROLINA
County of Charleston Bureau of Vital Statistics
Township of St. James State Board of Health
or McClannville
Inc. Town of McClannville Registration District No. 906 Registered No. 16
(For use of Local Registrar)
City of McClannville (No. 16 St.; 16 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Robert Broughton Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Feb 9
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Freddie White
(9) PRESENT POSTOFFICE OF FATHER McClannville
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Charleston Co
(13) OCCUPATION Field Labor
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Broughton
(15) PRESENT POSTOFFICE OF MOTHER McClannville
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Charleston Co
(19) OCCUPATION Field Hand
(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 born alive, at 12 o'clock P.M. (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Molay Washington
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McClannville

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Miss C. Beckman
(27) Filed Feb 24 1916 (28) 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.