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9-18-47

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Calleton
Township of Walterboro
or
Inc. Town of Walterboro S.C.
or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

02699

Registration District No. 1409 Registered No.
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Pete Broughton } If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births } 4. Twins, triplets or other... no 5. Number, in order of birth... 1
6. Premature... no Full term... yes 7. Are Parents Married? yes 8. Date of birth... Dec. 9 1946
(Month, day, year)

9. Full name FATHER Harvest Broughton 18. Name before marriage MOTHER Bernice Shaw
10. Residence (mailing address) Walterboro S.C. 19. Residence (mailing address) Walterboro S.C.
(If non-resident, give place and State)

11. Color or race negro 12. Age at last birthday... 30 (years) 20. Color or race negro 21. Age at last birthday... 25 (years)
13. Birthplace (city or place) Calleton County South Carolina 22. Birthplace (city or place) Calleton Co.
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. fireman at sawmill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work
19.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living... 4 (b) Born alive but now dead... 2 (c) Stillborn... none

28. If stillborn, period of gestation... months weeks } 29. Cause of stillbirth...
Before labor.....
During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at..... on the date above stated.

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Given name added from a supplementary report..... (Date of)

(Signed) [Signature] Parent
or [Signature] Guardian
Address... 47 Thos. P. Lesesne
Filed... 9-30 19... 47 Thos. P. Lesesne
Local Registrar aih

State Registrar