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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		Standard Certificate of Birth		FILE No.—For State Registrar Only 02699	
1. PLACE OF BIRTH		STATE OF SOUTH CAROLINA			
County of <u>Calleton</u>		Bureau of Vital Statistics			
Township of <u>Walterboro</u>		State Board of Health			
or		Registration District No. <u>1409</u>			
Inc. Town of <u>Walterboro</u>		Registered No. _____			
or		(For use of Local Registrar)			
City of _____		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			
3. Boy or Girl		4. Twins, triplets or other		8. Date of birth	
Boy		no		Dec. 9 1916	
If Plural births		5. Number, in order of birth		1. 16	
		1		(Month, day, year)	
9. Full name		FATHER		18. Name before marriage	
Harvest Broughton				MOTHER	
10. Residence (mailing address)		19. Residence (mailing address)		20. Color or race	
(If non-resident, give place and State)		Walterboro S.C.		Walterboro S.C.	
11. Color or race		12. Age at last birthday		21. Age at last birthday	
Negro		30		25	
(years)				(years)	
13. Birthplace (city or place)		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		22. Birthplace (city or place)	
Calleton County		Fireman at Sawmill		Calleton Co.	
(State or country)		South Carolina		(State or country)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		16. Date (month and year) last engaged in this work		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.	
				Housewife	
17. Total time (years) spent in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		25. Date (month and year) last engaged in this work	
26. Total time (years) spent in this work		27. Number of children of this mother (At time of birth and including this child)		(a) Born alive and now living	
		2		(b) Born alive but now dead	
				(c) Stillborn	
28. If stillborn, period of gestation		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) _____					
State Registrar					
(Signed) _____ Parent					
or _____ Guardian					
Address _____					
Filed _____ 1916 47 Thos. P. Lesesne					
Local Registrar aih					