

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town of Greenvilleor
City of Darlington

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

(2) Full Name of Child Calvin Eugene Broom

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? 1(5) Number in order of birth 7(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 21 1922
(Month) (Day) (Year)

FATHER

(8) FULL NAME

W. Luther Broom

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 33
(Year)(12) BIRTHPLACE S.C.

(13) OCCUPATION

mill Operator(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE

Estelle Rammage

(15) PRESENT POSTOFFICE OF MOTHER

Same(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 35
(Year)(18) BIRTHPLACE S.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.at 8:30 P.M.
(Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature)

(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

Jan 1 1922

(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.

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File No.—For State Registrar Only

4401

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2209B, Registered No. 60
(For use of Local Registrar)

St.; Ward)

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