

(1) PLACE OF BIRTH

County of LeahurstTownship of George

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76795

Registration District No. 1703Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child

Bloom

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

(3) ~~BOY OR~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name, Month, Day, Year)

FATHER.

(8) FULL
NAMEL D Bloom(9) PRESENT
POSTOFFICE
OF FATHERSt George(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY 30
(Years)

(12) BIRTHPLACE

Bamberg S.C.

(13) OCCUPATION

Clerk(20) Number of children born to
mother, including present birth{ 3

MOTHER.

(14) NAME BEFORE
MARRIAGEMary Harper(15) PRESENT
POSTOFFICE
OF MOTHERSt George(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY 21
(Years)

(18) BIRTHPLACE

St George

(19) OCCUPATION

House Wife(21) Number of children of this mother
now living, including present birth{ 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Bloom at 1 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) D. B. C. [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept 20 1914(28) C. J. Appleby

Local Registrar

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 5.
McGraw, of Columbia.*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.