

(1) PLACE OF BIRTH

County of Leahurst  
 Township of George  
 or  
 Inc. Town of .....  
 or  
 City of .....

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. 1703 Registered No. 76  
 (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, 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 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Sept. 13, 1916  
To be answered only in event of Twins or Triplets (Name, Month, Day) (Year)

FATHER.

(8) FULL NAME L D Bloom  
 (9) PRESENT POSTOFFICE OF FATHER St George  
 (10) COLOR OR RACE White (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 MARRIAGE Mary Harper  
 (15) PRESENT POSTOFFICE OF MOTHER St George  
 (16) COLOR OR RACE White (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) Dr. J. B. C. ...  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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.

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

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 20 1916 (28) C. J. Appley 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.