

Form No. 1

(1) PLACE OF BIRTH

County of *Sumter*Township of *Lowndes*

Inc. Town of

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

No. *43066* - For State Registrar Only

43066

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child *Thomas Brossard*

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

(3) SEX OF CHILD *Boy*(4) Type of Birth *Single*

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Any Previous Marriages

(7) DATE OF BIRTH *Oct 18 1922*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Tom Brossard*(9) PRESENT POSTOFFICE OF FATHER *Gables S.C.*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *42*

(Year)

(12) BIRTHPLACE *Indo*(13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE *Janie Peterson*(15) PRESENT POSTOFFICE OF MOTHER *Gables S.C.*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *40*

(Year)

(18) BIRTHPLACE *Indo*(19) OCCUPATION *Domestic*

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

(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Arnette* at *6.9* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. H. H. H. H.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Gables S.C.*

Given name added from a supplemental report

(26) Witness *M. H. H. H.*

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *12/18/22*(28) *28*(29) *28*(30) *28*(31) *28*(32) *28*(33) *28*(34) *28*(35) *28*

19... 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.

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 2

Bureau of Columbia, Columbia, S. C.