

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.

Form No. 1

(1) PLACE OF BIRTH

County of Richland  
Township of Camden  
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  
**36278**

Registration District No. 3801 ... Registered No. 93 ...  
(For use of Local Registrar)

(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 Pearl Bronck ... {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas Bronck</u>	(14) NAME BEFORE MARRIAGE <u>Largene Sumner</u>	(10) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>32</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Estow 80</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Estow 80</u>	(11) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>32</u> (Year)
(10) COLOR OR RACE <u>White</u>	(16) BIRTHPLACE <u>Richland Co 80</u>	(12) BIRTHPLACE <u>Richland Co 80</u>	(14) OCCUPATION <u>None wife</u>
(11) AGE AT LAST BIRTHDAY <u>32</u> (Year)	(13) OCCUPATION <u>Farmer</u>	(15) OCCUPATION <u>None wife</u>	(17) Number of children of this mother now living, including present birth <u>15</u>
(12) BIRTHPLACE <u>Richland Co 80</u>	(14) OCCUPATION <u>Farmer</u>	(16) Number of children born to mother, including present birth <u>16</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was female ... at 7 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter Bronck

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Estow 80

Given name added from a supplemental report

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

(27) Filed Sept 23 1922 (28) A. B. R. Lee 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.