

(1) PLACE OF BIRTH

County of Sumter
 Township of W. 3
 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
11388

Registration District No. 34.1.5 Registered No. 6
 (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 Finley, Leucadia Broughman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) No. Parents Married 420 (6) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.
 (7) FULL NAME J. I. Broughman
 (8) PRESENT POSTOFFICE OF FATHER W. 3
 (9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 42 (Year)
 (11) BIRTHPLACE W. 3
 (12) OCCUPATION W. 3
 (13) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE W. 3
 (15) PRESENT POSTOFFICE OF MOTHER W. 3
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Year)
 (18) BIRTHPLACE W. 3
 (19) OCCUPATION W. 3
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) W. 3
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed May 7 1913 (27) J. H. Maylin 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.

MAKING UNNECESSARY VINE MEMORIAL.
 WITH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.