

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

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

78975

Registration District No. 380

Registered No. 54

(For use of Local Registrar)

(2) Full Name of Child. Alice Breker

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

6

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jack Breker

(9) PRESENT POSTOFFICE OF FATHER

Irmo S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

39

(12) BIRTHPLACE

Lexington S.C.

(13) OCCUPATION

Laborer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Bowmen

(15) PRESENT POSTOFFICE OF MOTHER

Irmo S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

33

(18) BIRTHPLACE

Lexington S.C.

(19) OCCUPATION

wife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

E. E. Leary

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

E. E. Leary

(27) Filed

Oct 7 1916

(28)

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.