

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 2.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of *Effingham*Township of *Effingham*or  
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

File No.—For State Registrar Only

72719

Registration District No. *2604*Registered No. *61*

(For use of Local Registrar)

(2) Full Name of Child *Maybelle Broach*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Aug 10*(Name of Month) (Day) (Year) *1916*

## FATHER.

(8) FULL NAME *Richard Broach*(9) PRESENT POSTOFFICE OF FATHER *Effingham*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *32* (Years)(12) BIRTHPLACE *home*(13) OCCUPATION *farming*(20) Number of children born to mother, including present birth *6*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mrs. Feyer*(15) PRESENT POSTOFFICE OF MOTHER *Effingham*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *30* (Years)(18) BIRTHPLACE *home*(19) OCCUPATION *house work*(21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *living* at *110 Rock P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Doris Pigite*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Effingham*

Given name added from a supplemental report

(26) Witness *Pettie Feyer*

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

(27) Filed *Aug 14 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.