CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
8988

(1) PLACE OF BIRTH

County of Richland

Township of Center
or
Inc. Town of
or
City of

Registration District No. 3804

Registered No. 1447
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. Edgefield St.; Ward)

(2) Full Name of Child William Broom (If child is not yet named, make supplemental report as directed)

(3) BOY OR Boy | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth 10 | (6) Are Parents Married? yes | (7) DATE OF BIRTH Feb 16 (Name of Month) (Day) 1922 (Year)

FATHER

(8) FULL NAME Isaac Broom
(9) PRESENT POSTOFFICE OF FATHER Eastland SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Richland Co SC
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth ten

MOTHER

(14) NAME BEFORE MARRIAGE Carrie Martin
(15) PRESENT POSTOFFICE OF MOTHER Eastland SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)
(18) BIRTHPLACE Richland Co SC
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth ten

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2.30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L Monde Fenley
(24) State whether Physician or Midwife Mid Wife
(25) Address of Physician or Midwife Eastland SC

Given name added from a supplemental report 12/15/44 LAK 19 Registrar

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

(27) Filed Feb 20 1922 (28) A. B. Rhame 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.

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N. B.—In case of TWIN OR TRIPLET BIRTHS, UNFAILING ENTRY MUST BE MADE IN A SEPARATE BLANK FOR EACH CHILD, and numbered 1 or 2 or 3, etc., for question 5.

Bureau of Statistics, Columbia, S. C.