

(1) PLACE OF BIRTH

County of Greenwood
Township of Greenwood
or
Inc. Town of Greenwood
or
City of Greenwood

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
64612

Registration District No. 73A

Registered No. 41
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.: _____ Ward _____

(2) Full Name of Child— George Broughton

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? -

(5) Number in order of birth 4

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 7, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles W. Broughton

(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Edgewood Co. S.C.

(13) OCCUPATION Farmer & Lawyer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Z. Diessner

(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE Oconee Co. S.C.

(19) OCCUPATION Home Keeper

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:45 a a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. S. Estey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenwood S.C.

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

(27) Filed 6/10 1914 (28) M. A. Williams Local Registrar

Given name added from a supplemental report
_____, 191____

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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WHEN THIS FORM IS USED IN CONNECTION WITH THE REGISTRATION OF BIRTHS, THE REGISTRAR SHOULD BE ADVISED OF THE NAME OF THE CHILD AT THE TIME OF REGISTRATION. 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.