

RESERVED FOR MEDICAL
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
B. 2.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
Inc. Town of.....
City of.....

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

No. 1a.—For State Registrar Only
31231

Registration District No. 140 Registered No. 59
(For use of Local Registrar)

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

(2) Full Name of Child Thomas Horton Brodbery If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Infant To be reported as a child of 1 year or older (5) Age of Mother 34 (6) DATE OF BIRTH Nov. 12, 1923
(Name of Month) (Day) (Year)

FATHER.
(7) FULL NAME Dean Tombs Brodbery
(8) CURRENT RESIDENCE OF FATHER R.F.D. #4 Abbeville, S.C.
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 47
(11) BIRTHPLACE Madison County, Ga.
(12) OCCUPATION Mill Operative
(13) Number of children born to mother, including present birth Six

MOTHER.
(14) FULL NAME Bessie Jane Horton
(15) CURRENT RESIDENCE OF MOTHER Abbeville, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE Elbert County, Ga.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) 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, M. or P. M.)

(22) (Signature) L. R. Powell M.D.
(23) Place where Practicing as Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(25) Signed (26) Local Registrar.

When there is no physician or midwife, the father, householder, etc., should make this return. If a child is born dead, it should be reported as stillborn. No report is desired of stillbirths before the full month of pregnancy.

NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FULL MONTH OF PREGNANCY.