

## (1) PLACE OF BIRTH

County of York  
 Township of King's Mtn.  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

32771

Registration District No. 4407 Registered No. 94  
 (For use of Local Registrar)

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

## (2) Full Name of Child

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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 24 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME William Broadford  
 (9) PRESENT POSTOFFICE OF FATHER York, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Clinton Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1 ..... 8 .....

## MOTHER

(14) NAME BEFORE MARRIAGE Rosa Mobley  
 (15) PRESENT POSTOFFICE OF MOTHER York, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE Clinton Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1 ..... 8 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 10:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report

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

(27) Filed Oct. 7, 1922 (28) [Signature] 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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