

(1) PLACE OF BIRTH  
County of **Charleston**

Township of .....

or  
Inc. Town of .....

City of **Charleston**  
(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

Registration District No. **9A**

File No. — For State Department  
**6125**

Registered No. **344**  
(For use of Local Registrar)

(2) Full Name of Child **Loretta Broughton**  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

**Girl**

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? **Yes**

(7) DATE OF BIRTH **Feb. 21, 1935**  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Joseph Laurens Broughton**

(9) PRESENT POSTOFFICE OF FATHER **City**

(10) COLOR OR RACE **White**

(11) AGE AT LAST BIRTHDAY **41**  
(Years)

(12) BIRTHPLACE

**City**

(13) OCCUPATION

**Clerk**

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

(14) NAME BEFORE MARRIAGE **May Irene Noonan**

(15) PRESENT POSTOFFICE OF MOTHER **City**

(16) COLOR OR RACE **White**

(17) AGE AT LAST BIRTHDAY **31**  
(Years)

(18) BIRTHPLACE

**Pittsburgh, Pa.**

(19) OCCUPATION

**Housewife**

(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 **12:15 P.M.** on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **J. L. Maguire**  
(24) State whether Physician or Midwife **M.D.**  
(25) Address of Physician or Midwife **187 Calhoun**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed **3-24-35** (28) **J. Merrell Green M.D.** Local Registrar

When there was an 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 after the fifth month of pregnancy.

State Board of Health