

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

No. 10.—For State Registrar Only

3283

Registration District No. 909

Registered No. 22

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Julia Broughton

SEX Male DATE OF BIRTH Feb. 10, 1923

FATHER

(1) FULL NAME Prince Broughton

(2) PRESENT POSTOFFICE OF FATHER North Charleston

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23

(12) BIRTHPLACE Bainhoy S. C.

(13) OCCUPATION Laborer at Texas Oil Co

(14) NAME BEFORE MARRIAGE Julia Johnson

(15) PRESENT POSTOFFICE OF MOTHER North Charleston

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23

(18) BIRTHPLACE Bainhoy S. C.

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belia Nelson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 12, 1923 (28) 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.