

(1) PLACE OF BIRTH

County of Rockingham

Township of

or
Inc. Town ofor
City of (No. St. Ward)
(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

File No.—For State Registrar Only

17755

Registration District No. 22A Registered No. 319
(For use of Local Registrar)

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

(2) Full Name of Child Ralph W. Broughs(3) BOY OR GIRL Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22 1922
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Ralph W. Broughs (9) NAME BEFORE MARRIAGE Joe Higgin(10) PRESENT POSTOFFICE OF FATHER Wilmington NC (11) PRESENT POSTOFFICE OF MOTHER Wilmington NC(12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 32 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 35
(Years) (Years)(16) BIRTHPLACE Wilmington NC (17) BIRTHPLACE Wilmington NC(18) OCCUPATION Merchant (19) OCCUPATION Merchant(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wilmington NC

Given name added from a supplemental report

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

(27) July 7 1922 (28) E. Smith 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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