

## (1) PLACE OF BIRTH

County of Marlboro  
 Township of Berkeley  
 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  
**15941**

Registration District No. 3302Registered No. 25  
(For use of Local Registrar)

(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 Bertha May Broadway

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Peter Broadway  
 (9) PRESENT POSTOFFICE OF FATHER Berkeley, D.C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (12) BIRTHPLACE D.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Peter Broadway  
 (15) PRESENT POSTOFFICE OF MOTHER Berkeley, D.C.  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25  
 (Years)  
 (18) BIRTHPLACE D.C.  
 (19) OCCUPATION Homework  
 (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 ..... at ..... M., on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flore Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Berkeley, D.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5/26 1922

(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.