

BEARING WITH UNFADING INK IN A POSITION NOT RECORDED.  
 IN CASE OF TWIN OR TRIPLET USE A SEPARATE CARD FOR EACH CHILD, AND MARK THE  
 PATIENT-IDENT. No. 1. THIS OFFICE, No. 2, etc. in question 8.  
 STATE OF SOUTH CAROLINA, Columbia, S. C.

(1) PLACE OF BIRTH

County of Marlboro  
 Township of Biggsville  
 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. 3302 Registered No. 25  
 (For use of Local Registrar)

(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?  (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 28 1922  
To be answered only in event of Twins or Triplets  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Peter Broadway  
 (9) PRESENT POSTOFFICE OF FATHER Berntsville, 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 Berntsville, 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) Florence Jackson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Berntsville, 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) W. H. Stables  
 Registrar 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.