

(1) PLACE OF BIRTH *Greenville*
County of *Greenville*
Township of *Dixie*
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
11792

Registration District No. *2901* Registered No. *10*
(For use of Local Registrar)

City of (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 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *-* (5) Number in order of birth *-* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb 5 - 1922*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Broadus Samon*
(9) PRESENT POSTOFFICE OF FATHER *FX Imm SC*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *35*
(Year) (12) BIRTHPLACE *Spartanburg County*
(13) OCCUPATION *farmer*
(20) Number of children born to mother, including present birth *9*

MOTHER.
(14) NAME BEFORE MARRIAGE *Maggie Young*
(15) PRESENT POSTOFFICE OF MOTHER *FX Imm SC*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *33*
(Year) (18) BIRTHPLACE *Rutherfordton NC*
(19) OCCUPATION *Domestic*
(21) Number of children of this mother now living, including present birth *9*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was *born alive* at *1 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) *W. E. Holcomb*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed *May 8 1922* *W. E. Malen*
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 stillborn before the fifth month of pregnancy.