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Form No. 3

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

County of Clarendon STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Township of Sammy Swamp State Board of Health

0075

Inc. Town of _____ Registration District No. 1315 Registered No. _____
(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 Keith Owen Broadway 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 May 3, 1916
(Name of Month) (Day) (Year)

FATHER		MOTHER	
8. FULL NAME	<u>Noah Graham Broadway</u>	14. NAME BEFORE MARRIAGE	<u>Myra Owen</u>
9. ADDRESS AT CHILD'S BIRTH	<u>Manning, S.C. Route 1</u>	15. ADDRESS AT CHILD'S BIRTH	<u>Manning, S.C. Route 1</u>
10. COLOR OR RACE	<u>white</u>	16. COLOR OR RACE	<u>white</u>
11. AGE AT CHILD'S BIRTH	<u>38</u> (Years)	17. AGE AT CHILD'S BIRTH	<u>32</u> (Years)
12. BIRTHPLACE	<u>Near Manning S.C. Clarendon Co.</u>	18. BIRTHPLACE	<u>Near Sumter, S.C. Sumter County</u>
13. OCCUPATION	<u>Lumberman & Farmer</u>	19. OCCUPATION	<u>Housewife</u>
20. Number of children born to mother, including present birth	<u>7</u>	21. Number of children by this mother now living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was alive at 10-9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Geo. W. Gunter M.D.24. State Physician or Midwife 25. Address of Physician or Midwife Rockville S.C.

Given name added from a supplemental report

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

27. Filled March 28, 1945 28. L. A. Reser, M.D. 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.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN No. 1. THE OTHER, No. 2, etc., in question 5.

3-5-45