

16 093422

Form No. 3

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.

## 1. PLACE OF BIRTH

County of Clarendon STATE OF SOUTH CAROLINA  
Township of Sammy Swamp Bureau of Vital Statistics  
or \_\_\_\_\_ State Board of Health  
Inc. Town of \_\_\_\_\_ Registration District No. 1315  
or \_\_\_\_\_ City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FILE No.—For State Registrar Only

0075

## 2. FULL NAME OF CHILD

Keith Owen Broadway If child is not yet named, make supplemental report as directed.

|   |  |   |   |   |
|---|--|---|---|---|
| 3. BOY <input checked="" type="checkbox"/> GUY <input type="checkbox"/><br><u>Boy</u> | 4. Twin or Triplet?<br>To be answered only in event of Twins or Triplets | 5. Number in order of birth                   | 6. Are Parents Married?<br><u>yes</u>   | 7. DATE OF BIRTH<br><u>May 3</u> , 19 <u>16</u><br>(Name of Month) (Day) (Year) |
| FATHER  |  |   | MOTHER  |   |
| 8. FULL NAME<br><u>Noah Graham Broadway</u>   |  |   | 14. NAME BEFORE MARRIAGE<br><u>Myra Owen</u>  |   |
| 9. ADDRESS AT CHILD'S BIRTH<br><u>Manning, S.C. Route 1</u>                           |  |   | 15. ADDRESS AT CHILD'S BIRTH<br><u>Manning, S.C. Route 1</u>                          |   |
| 10. COLOR OR RACE<br><u>white</u>   |  | 11. AGE AT CHILD'S BIRTH<br><u>38</u> (Years) | 16. COLOR OR RACE<br><u>white</u>   |   |
| 12. BIRTHPLACE<br><u>Near Manning S.C. Clarendon Co.</u>                              |  | 17. AGE AT CHILD'S BIRTH<br><u>32</u> (Years) |   |   |
| 13. OCCUPATION<br><u>Lumberman &amp; Farmer</u>                                       |  |   | 18. BIRTHPLACE<br><u>Near Sumter, S.C. Sumter County</u>                              |   |
| 20. Number of children born to mother, including present birth<br><u>7</u>            |  |   | 19. OCCUPATION<br><u>Housewife</u>  |   |
|   |  |   | 21. Number of children by this mother now living, including present birth<br><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

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

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

27. Filed

March 28, 1945

28.

L. A. Reser, M.D.

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.

3-5-45