

(1) PLACE OF BIRTH

County of

Township of

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

89892

Registration District No. 2014

Registered No. 77
(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

Melvin E. Broad

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(8) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 13, 1906
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME

Nathan Broad

(9) PRESENT POSTOFFICE OF FATHER

Bannockburn

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Thornal

(15) PRESENT POSTOFFICE OF MOTHER

Bannockburn

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House keeping

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emma Phillips

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Bannockburn

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 15 1906

(28)

D.C. Hall

Local Registrar.

1906 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.

WHILE THIS FORM IS BEING FILLED, THE REGISTRAR MUST BE PRESENT TO SIGN IT. IN CASE OF TWIN-BORN, SEE 1. THIS OTHER, No. 2, etc., in question 8. N. B.—In case of TWIN-BORN, SEE 1. THIS OTHER, No. 2, etc., in question 8. MORGAN OF COLUMBIA, COLUMBIA, S. C.