

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. 222 A Registration District No. 22 A Registered No. 278
(For use of Local Registrar) St.; Ward

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64460

(2) Full Name of Child Wm. Alfred Broadwater
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 24 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Wm. Alfred Broadwater(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Charlotte N.C.(13) OCCUPATION Civil Engineer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE May M. Praver(15) PRESENT POSTOFFICE OF MOTHER Greenville SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE N.C.

(19) OCCUPATION

(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 Adverse at 11:15 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

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

(27) Filed July 23 1916 (28) [Signature]
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.

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 McCaw of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.