

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Township of

or
Inc. Town of

City of

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1802

FILE NO. For State Registrar Only

20812

Registered No. 17

(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

Louise Broadwater

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

(1) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3rd</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 8, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Henry Broadwater</u>			(14) NAME BEFORE MARRIAGE <u>Effie Middleton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Nodoc SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Nodoc SC Rt 1</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Edgefield, Co. SC</u>			(18) BIRTHPLACE <u>Edgefield, Co. SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Eight</u>			(21) Number of children of this mother now living, including present birth <u>Eight</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Beall Harner, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Nodoc, SC. Rt 1

Give name added from a supplemental report

(26) Witness

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

(27) Filed July 19, 1923

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 28th month of pregnancy.