

(1) PLACE OF BIRTH

County of Laurens

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41732

Township of .....

City of Manning

City of .....

Registration District No. 13aRegistered No. 49  
(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.)

Full Name of Child Clara Broadway { If child is not yet named, make supplemental report as directed

(4) Twin or triplet? <u>Yes</u> (5) Number in order of birth <u>1</u> (6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 13, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(1) FULL NAME Rumbert E. Broadway(2) PRESENT POSTOFFICE OF FATHER Manning S.C.(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(4) BIRTHPLACE Cherokee Co. S.C.(5) OCCUPATION Physician(6) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Daniels(15) PRESENT POSTOFFICE OF MOTHER Manning S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Franklin, Tenn(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles A. Heigert, M.D.

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

Physician Manning S.C.

Given name added from a supplemental report

101....

Registrar

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

(27) Filed Jan. 9, 1923 (28) A. J. White 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.

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