

(1) PAGE OF FORM

CERTIFICATE OF BIRTH

County of Charleston

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

3207

291

Township of

or

Ina. Town of

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

Ward

(2) Full Name of Child Robert Bradley Jr.

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

(3) BOY OR GIRL?

(4) SEX

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 14 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Bradley(9) PRESENT POSTOFFICE OF FATHER Father land.(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Rockville, S.C.(13) OCCUPATION Farmer.(14) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Bradley(15) PRESENT POSTOFFICE OF MOTHER 44 Beaufain.(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Rockville, S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth Three.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 12:15 A. M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(22) (Signature) W. S. M.

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

Given name added from a supplemental report

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

(26) Filed 1923 (27) 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.