

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....or  
City of Charleston S.C.

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3181

263

Registration District No. 9 A Registered No. ....

(For use of Local Registrar)

(No. Roper Hospital St. .... Ward)(2) Full Name of Child Aimee Charlee Bradley If child is not yet named, make supplemental report as directed(3) girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb. 2, 23 (Name of Month) (Day) (Year)FATHER. (8) FULL NAME Herbert Webb (14) NAME BEFORE MARRIAGE Gracie Bradley(9) PRESENT POSTOFFICE OF FATHER Summerville S.C. (15) PRESENT POSTOFFICE OF MOTHER 24 1/2 umbert st Charleston S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21 (Years) (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Summerville S.C. (18) BIRTHPLACE Charleston S.C.(13) OCCUPATION Truck Driver (19) OCCUPATION cook(20) Number of children born to mother, including present birth 2 (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 born alive as 12:05 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature of Physician or Midwife) J. H. Davis M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mar.)

(27) Filed 2/6/23 (28) J. H. Davis M.D. 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.