

MARGIN RESERVED FOR BINDING.
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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Sp. Artachung</u> Township of <u>Campbell</u> or Inc. Town of or City of (No. St. Ward)</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health</p>		<p>File No.—For State Registrar Only 36433</p>	
<p>(2) Full Name of Child <u>Helen Elizabeth Brady</u></p>		<p>Registration District No. <u>4001</u> Registered No. <u>106</u> (For use of Local Registrar)</p> <p>If child is not yet named, make supplemental report as directed</p>			
<p>(3) BOY OR GIRL <u>Girl</u></p>	<p>(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet</p>	<p>(5) Number in order of birth <u>1</u></p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>Sept 9, 1922</u> (Name Month Day Year)</p>	
<p>FATHER.</p>			<p>MOTHER.</p>		
<p>(8) FULL NAME <u>James Brady</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Minnie Lee Fain</u></p>		
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Campbell SC #12</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Campbell SC #2</u></p>		
<p>(10) COLOR OR RACE <u>White</u></p>			<p>(16) COLOR OR RACE <u>White</u></p>		
<p>(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)</p>			<p>(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)</p>		
<p>(12) BIRTHPLACE <u>S.C.</u></p>			<p>(18) BIRTHPLACE <u>S.C.</u></p>		
<p>(13) OCCUPATION <u>Farmer</u></p>			<p>(19) OCCUPATION <u>Housewife</u></p>		
<p>(20) Number of children born to mother, including present birth <u>3</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>3</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>					
<p>(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8:40 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>					
<p>affir. 6-23-47 (23) (Signature) <u>T. E. Morrow</u></p>					
<p>(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Campbell</u></p>					
<p>Given name added from a supplemental report</p>			<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p>		
<p>..... 19</p>			<p>(27) Filed <u>10-31-22</u> (28) <u>C. L. Mayhew</u> Registrar</p>		

*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.