

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
Inc. Town ofCity of Hartsville

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

(2) Full Name of Child Marion Louise Gradick

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

(3) BOY OR GIRL <u>4</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 3, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME S. L. Gradick(9) PRESENT POSTOFFICE OF FATHER Hartsville SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Painter(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Betha Wardham(15) PRESENT POSTOFFICE OF MOTHER Hartsville SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Brasley(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Hartsville SC

Given name added from a supplemental report

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

(27) Filed Jan 9 23 (28) M. J. Brasley 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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