

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Williamston

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar only

38456

Registration District No. 39Registered No. 171
(For use of Local Registrar)

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

(2) Full Name of Child Leah Ann Brady (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 10 (6) Are Parents Married yes (7) DATE OF BIRTH Nov 4 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME L. P. Galusbie
(9) PRESENT POSTOFFICE OF FATHER Williamston SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Anderson County
(13) OCCUPATION Mill Work
(14) Number of children born to mother, including present birth 10MOTHER.
(15) NAME BEFORE MARRIAGE Lillie Rutledge
(16) PRESENT POSTOFFICE OF MOTHER Williamston SC
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 29 (Years)
(19) BIRTHPLACE Pickens County
(20) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. R. Brady

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife P. O. Box 500

(Given name added from a supplemental report)

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

(27) Filed Jan 5 1924 (28) W. R. Brady Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.