

## (1) PLACE OF BIRTH

County of Startanbury  
 Township of Campobello  
 or  
 Inc. Town of  
 or  
 City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74728

Registration District No. 4001-aRegistered No. 60  
(For use of Local Registrar)

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

(2) Full Name of Child. Althea Emily Bradley { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or triplet? — (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 12, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Joseph Bradley(9) PRESENT POSTOFFICE OF FATHER Campobello, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Startanbury, S.C.(13) OCCUPATION Farmer(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Lee Hain(15) PRESENT POSTOFFICE OF MOTHER Campobello, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17  
(Years)(18) BIRTHPLACE King Mt. N.C.(19) OCCUPATION Housekeeper(20) 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 Alive at 5:45 P.M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) R. L. Christopher, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gardner, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Aug 23, 1916 (28) L. P. Massey 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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