

## (1) PLACE OF BIRTH

County of *Spencer*

Township of .....

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

22496

Registration District No. *40-a* Registered No. *303*  
(For use of Local Registrar)(No. .... 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 *Margaret E. Bradley* (If child is not yet named, make supplemental report as directed)(3) SEX OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *7-14-1925*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Joe L. Bradley*(9) PRESENT POSTOFFICE OF FATHER *Anniston S.C. N.Y.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *25* (Years)(12) BIRTHPLACE *Id.*(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE *Virgie Martin*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Id.*(19) OCCUPATION *Dom.*(20) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *alive* at *10:00* A.M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))(22) (Signature) *Dr. Louis G. W.* (23) Address of Physician or Midwife

(24) State whether Physician or Midwife

(Given name added from a supplemental report)

*Miss L. W. ...*

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

(26) Filed *8-1-1925* *Gas. Coffey* 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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