

FORM NO. 10. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH LEADING 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.

(1) PLACE OF BIRTH
 County of Kershaw STATE OF SOUTH CAROLINA.
 Township of Juliet Post Bureau of Vital Statistics
 or
 Inc. Town of Country State Board of Health
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
49576

Registration District No. 2702 Registered No. 15
 (For use of Local Registrar)
 City of _____ (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 Mary Marys 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 _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John S Bradley
 (9) PRESENT POSTOFFICE OF FATHER Country
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE near Heath Spring
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth } 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Lula Bradley
 (15) PRESENT POSTOFFICE OF MOTHER Country
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Country
 (19) OCCUPATION House Keeper
 (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 6 a. m. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. J. McKeain
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
June 29 1916
W. M. Miller
Regist. S. C.
 Registrar

(26) Witness J. G. Cund
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 3/9 1916 (28) J. H. Burfield
 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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