

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12142

County of

Township of *Woodruff*

City of

Registration District No. *4009* Registered No. *36*
(For use of Local Registrar)

City of

Full Name of Child *David Franklin Brady* If child is not yet named, make supplemental report as directed

Sex of Child *Boy* (1) Twin or Triplet? *X* (2) Number in order of birth *X* (3) Are Parents Married? *Yes* (4) DATE OF BIRTH *4 29 23*
(Name of Month) (Day) (Year)

FATHER
(5) FULL NAME *Jack Brady*
(6) PRESENT POSTOFFICE OF FATHER *Woodruff SC*
(7) COLOR OR RACE *White* (8) AGE AT LAST BIRTHDAY *24* (Years)
(9) BIRTHPLACE *SC*
(10) OCCUPATION *Farmer*
(11) Number of children born to mother, including present birth *4*

MOTHER
(12) NAME BEFORE MARRIAGE *Bessie Mark*
(13) PRESENT POSTOFFICE OF MOTHER *Woodruff SC*
(14) COLOR OR RACE *White* (15) AGE AT LAST BIRTHDAY *26* (Years)
(16) BIRTHPLACE *SC*
(17) OCCUPATION *Housewife*
(18) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive*, as *3 A* M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(19) (Signature) *P. H. Harrison*
(20) State whether Physician or Midwife (21) Address of Physician or Midwife

Give name added from a supplemental report
.....
.....
Registrar

(22) Witness
(Signature of Witness necessary only when question 20 is signed by mark)

(23) Filed *May 1 1923* (24) *Charles L. Boyer* 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.