

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. .... St. .... Ward)

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2296

Registration District No. 3766 Registered No. 15

(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 28, 1923

## FATHER

(8) FULL NAME

Raymond Bradley

(9) PRESENT POSTOFFICE OF FATHER

Pickens, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Anderson Co., S.C.

(13) OCCUPATION

Shoe maker

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

4

(14) NAME BEFORE MARRIAGE

Estelle Calhoun

(15) PRESENT POSTOFFICE OF MOTHER

Pickens, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

Athens, Ga.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

F. J. Ball

(24) State whether Physician or Midwife

Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.