

(1) PLACE OF BIRTH

County of AndersonTownship of Williamsteor
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

24638

Registration District No. 3 B

Registered No.

(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 Oscar Brady

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 1, 1922
(Name of Month) (Day) (Year)(8) FULL NAME OF FATHER Luther Brady(14) NAME BEFORE MARRIAGE OF MOTHER Truby Holcomb(9) PRESENT POSTOFFICE OF FATHER Piedmont R#1(15) PRESENT POSTOFFICE OF MOTHER Piedmont R#1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farming(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 9(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 3 P. M., on the date above stated. (Hour of birth) (Hour of birth)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Piedmont R#1

Given same added from a supplemental report

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

(27) Filed Aug 10, 1922 (28) S. J. Fleming 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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