

(1) PLACE OF BIRTH

County of SpartanburgTownship of Campbell

or 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

5229

Registration District No. 4-1-1-A Registered No. 5
(For use of Local Registrar)

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

(2) Full Name of Child Leona Martha Bradley

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

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 1 1925</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME L. C. Bradley(9) PRESENT POSTOFFICE OF FATHER Lurman S.C. 202(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Gracie Moore(15) PRESENT POSTOFFICE OF MOTHER Lurman S.C. 202(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION house wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Walter Erskine

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Physician Spartanburg Rm 2

Given name added from a supplemental report

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

(26) Filed (27) 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.