

(1) PLACE OF BIRTH

County of RichlandTownship of Early

Inc. Town of

City of

(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

Registration District No. 3702... Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child William J. Bridges If child is not yet named, make supplemental report as directed

(1) SEX OR CHILD <u>Boy</u>	(4) Type of Infant <u>To be reported only in case of Twin or Triplet</u>	(5) Number in order of birth	(6) Sex of Mother <u>Yes</u>	(7) DATE OF BIRTH <u>June 29, 23</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Oliver C. Bridges</u>	(14) NAME BEFORE MARRIAGE <u>Lila E. Leeper</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Early R # 2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Early R # 2</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Mark alive or stillborn) (Sign A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Early

Given name added from a supplemental report

Garnett J. Early
Sept. 18, 1923
Registrar

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

(27) Signed June 29, 1923 (28) R. F. Wyatt 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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