

## (1) PLACE OF BIRTH

County of Shantankus  
 Township Beach Springs  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 14.—For State Registrar Only  
**37806**

Registration District No. 40-C Registered No. 182  
 (For use of Local Registrar)

City of..... (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 Parson James Bradley If child is not yet named, make supplemental report as directed

(3) SEX OR MALE (4) Twin or Triplet yes (5) Number in order of birth 1 (6) Age of Parent 23  
 To be answered only in event of Twin or Triplet BIRTH 10-21-23  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ralph Bradley</u>	(14) NAME BEFORE MARRIAGE <u>Arrie Isman</u>	(18) PRESENT POSTOFFICE OF FATHER <u>Isman Sc</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Isman Sc</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>
(12) BIRTHPLACE <u>N.C.</u>		(16) BIRTHPLACE <u>Sc</u>	
(13) OCCUPATION <u>mill operative</u>		(16) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Jas. R. Gibson M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Isman Sc

Given name added from a supplemental report  
M.B. W. ...  
Inf. 1/4/23  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec. 1 1923 (28) E. A. Capers 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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