

Form No. 1

## (1) PLACE OF BIRTH

County of DeeTownship of Wagner

or

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

43910

Registration District No. 34-00 Registered No. 171  
(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 May Edna Bradley If child is not yet named, make supplemental report as directed(3)  BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 26 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clayton Nelson Bradley(9) PRESENT POSTOFFICE OF FATHER West Union(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 57 (Years)(12) BIRTHPLACE Dee(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Honey(15) PRESENT POSTOFFICE OF MOTHER West Union(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Dee(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. S. Sloan(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. U. S. C.

Given name added from a supplemental report

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

(27) Filed July 2 1923 (28) R. S. Sloan 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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAN OF COLUMBIA, COLUMBIA, S. C.