

PLACE OF BIRTH

COUNTY OF

TOWNSHIP OF

INC. TOWN OF

CITY OF

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1912

Only

Registration District No. 2704

Registered No.

(For use of Local Registrar)

(No. .... St.; .... Ward)

2 Full Name of Child Thomas Bryd Bradley

3 SEX OF CHILD

4 Twin or Triplet?

5 Number in order of birth

6 Parents Married?

7 DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8 FULL NAME

9 PRESENT RESIDENCE OF FATHER

10 COLOR OR RACE

11 BIRTHPLACE

12 OCCUPATION

13 Number of children born to mother, including present birth

14 NAME BEFORE MARRIAGE

15 PRESENT RESIDENCE OF MOTHER

16 COLOR OR RACE

17 BIRTHPLACE

18 OCCUPATION

19 Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(21) (Signature)

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed

(26) 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.