

Form No. 3

(1) PLACE OF BIRTH

County of LaurensTownship of Laurensor Inc. Town of Laurensor City of Laurens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 24

File No.—For State Registrar Only

43229

Registered No. 146
(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 Joseph Bradwell

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 19, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Bradwell(9) PRESENT POSTOFFICE OF FATHER Laurens SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Clinton SC(13) OCCUPATION Bottom Mill Weaver(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Bell Owens(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Laurens SC(19) OCCUPATION Weaver in Cotton Mill(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)(23) (Signature) Anna R. Kennedy(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Laurens SC

Given name added from a supplemental report

(26) Witness C. Kennedy
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 142 19 22 (28) C. Kennedy
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.