Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
63021

(1) PLACE OF BIRTH

County of Anderson

Township of Fall

or

Inc. Town of ..... Registration District No. 206 Registered No. 91
(For use of Local Registrar)

or

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 James Edward Brady 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?	(7) DATE OF BIRTH
boy			Y	June 28 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Bud Brady

(9) PRESENT POSTOFFICE OF FATHER Starr

(10) COLOR OR RACE Wh (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Hartwell Ga

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Bell Turner

(15) PRESENT POSTOFFICE OF MOTHER Starr

(16) COLOR OR RACE Wh (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Starr SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lizzie Burns

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Sra

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed July 1 191 6 (28) L. M. McAdams
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.

WRITING PLAINLY, WITH INDELIBLE INK, REMEMBERING THAT THIS RECORD WILL BE PERMANENT.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICIAL No. 2, etc., in question 5.

McCaw, of Columbia.