

(1) PLACE OF BIRTH

County of

Township of

or
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

12133

Registration District No. 4008

Registered No. 81
(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

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

(3) SEX OR
GIRL

G.

(4) Twin
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in
order of birth

4

(6) Are
Parents
Married

Y

(7) DATE OF

BIRTH

Apr 3 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Case Brady -

(9) PRESENT
POSTOFFICE
OF FATHER

Converse SC

(10) COLOR
OR
RACE

W

(11) AGE AT LAST
BIRTHDAY29
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

mill work

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

four

MOTHER.

(14) NAME BEFORE
MARRIAGE

Ernie Wynn

(15) PRESENT
POSTOFFICE
OF MOTHER

Cifton SC

(16) COLOR
OR
RACE

W

(17) AGE AT LAST
BIRTHDAY29
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

I.N.

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

four

CERTIFICATE OF ATTENDING PHYSICIAN

MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Converse SC

Give name added from a supplement-
al report

(26) Witness

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

(27) Filed

1/21/23

(28)

Mrs. C. F. Parker
Local Registrar.19
RegistrarWhen 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.