

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Florence  
 Township of North  
 or  
 Inc. Town of Cowards Registration District No. 2012 Registered No. 102  
 or  
 City of Eddie (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**85642**

(2) Full Name of Child Eddie Bradley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? one (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 2 1906  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Eddie Bradley  
 (9) PRESENT POSTOFFICE OF FATHER Scranton Pa.  
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 28 3/4 (Years)  
 (12) BIRTHPLACE Florence Co  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Effie  
 (15) PRESENT POSTOFFICE OF MOTHER Scranton Pa.  
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Florence Co  
 (19) OCCUPATION Housework  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Martha Thompson  
 (24) State whether Midwife Physician or Midwife 125 Address of Physician or Midwife

Given name added from a supplemental report .....  
 ..... 19 .. Registrar  
 (26) Witness Dr. Ruffin (Signature of Witness necessary only when question 24 is signed by mark)  
 (27) Filed 11-4 19 06 (28) A. S. Kelley 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.