

(1) PLACE OF BIRTH

County of DarlingtonTownship of 4Inc. Town of orCity of or

(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

41966

Registration District No. 13-9-1 Registered No. 107
(For use of Local Registrar)(No. St.; Ward)(2) Full Name of Child James Bradley

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth - (6) Are Parents Married Yes (7) DATE OF BIRTH Dec. 30, 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Walter Bradley(9) PRESENT POSTOFFICE OF FATHER Darlington R.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Nancy Green(15) PRESENT POSTOFFICE OF MOTHER Darlington R.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm hand(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 born at 5 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Walter Bradley (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife DarlingtonGiven name added from Birth Report(26) Witness (Signature of Witness necessary only when question 23 is signed by midwife)(27) James Bradley (28) E. D. Parry
Local Registrar

*When there was no attending physician or midwife, 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.