

(1) PLACE OF BIRTH

County of *Anderson*Township of *Martinez*or
Inc. Town ofor
City of

(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

242

Registration District No. *509* Registered No. *4*

(For use of Local Registrar)

(2) Full Name of Child *Leone Bigley* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL
Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Jan 28 22*

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Frank Bradley*(9) PRESENT POSTOFFICE OF FATHER *Ira #4, S.C.*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *18* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *farmer*(14) Number of children born to mother, including present birth *1*

MOTHER

(15) NAME BEFORE MARRIAGE *Lizzie Bigley*(16) PRESENT POSTOFFICE OF MOTHER *Ira #4, S.C.*(17) COLOR OR RACE *negro* (18) AGE AT LAST BIRTHDAY *16* (Years)(19) BIRTHPLACE *S.C.*(20) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *Hour A. M. or P. M.* on the date above stated.(23) (Signature) *Christina*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Ira #4, S.C.*

Given name added from a supplemental report

(26) Witness *Feb 6 22*

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

(27) Filed *Feb 6 22* (28) *L. F. Ho* 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.

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MARGIN RESERVED FOR EDISON CO. PRINT PLACED WHEN REPRODUCING THIS FORM IS A PATENTED MARK.