

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 1.

## (1) PLACE OF BIRTH

County of York

Township of .....

or

Inc. Town of Coopers

or

City of .....

(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 CHILD Y (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married Yes (7) DATE OF BIRTH 4-13-28  
 To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER Oscar Bradley  
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Teacher  
 (14) Number of children born to mother, including present birth 12

(14) FULL NAME OF MOTHER Esther Agnew  
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25  
 (18) BIRTHPLACE Catawba Co N.C.  
 (19) OCCUPATION Teacher  
 (20) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) [Signature]  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report  
 .....  
 .....  
 .....  
 Registrar

(25) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (26) Filed 7/13 ..... 1928. (27) 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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28631

Registration District No. 4413 Registered No. 186  
 (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

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 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report  
 .....  
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 Registrar

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