

(1) PLACE OF BIRTH

County of Madison
Township of Buffalo
or
Inc. Town of
or
City of

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

File No. — For State Registrar Only
30838

Registration District No. 2700 Registered No. 116
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 1 1912
(Name of Month (Day) (Year))

FATHER
(8) FULL NAME Leroy Leroy Bradley
(9) PRESENT POSTOFFICE OF FATHER Traskboro S.C. 779
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farming

MOTHER
(14) NAME BEFORE MARRIAGE Mary Ella Doss
(15) PRESENT POSTOFFICE OF MOTHER Madison S.C. 779
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE S. C.
(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth: Two (2) (21) Number of children of this mother now living, including present birth: Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Madison S.C. 779

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is marked "Stillborn")
(27) J. H. Smith 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 needed of stillbirths before the fifth month of pregnancy.