

(1) PLACE OF BIRTH  
County of Greenville  
Township of \_\_\_\_\_  
or  
Loc. Town of \_\_\_\_\_  
or  
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

42561

Registration District No. 22A Registered No. 620  
(For use of Local Registrar)  
No. 222 Woodland St. (Ward)  
Child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parent Married No (7) DATE OF BIRTH Dec. 4, 22  
(Name of Month) (Day) (Year)

**FATHER**

(8) FULL NAME Robert Bradford  
(9) PRESENT POSTOFFICE OF FATHER Greenville City  
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE Gaston, Ga.  
(13) OCCUPATION laborer

**MOTHER**

(14) NAME BEFORE MARRIAGE Flossie Williams  
(15) PRESENT POSTOFFICE OF MOTHER Greenville City  
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Greenwood, Co.  
(19) OCCUPATION Maid & Cook

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. B. Morrison (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
\_\_\_\_\_, 191....  
\_\_\_\_\_  
Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mother)  
(27) Filed Dec 7, 22 (28) C. E. 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 desired of stillbirths before the fifth month of pregnancy.