

(1) PLACE OF BIRTH

County of Wm. Burg.Township of 7thor
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

37923

Registration District No. 4301 Registered No. 131
(For use of Local Registrar)(2) Full Name of Child Julia Bradshaw If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married Yes (7) DATE OF BIRTH 1223
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Bradshaw(9) PRESENT POSTOFFICE OF FATHER Greelyville SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Chalmers(15) PRESENT POSTOFFICE OF MOTHER Greelyville SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) 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 alive at 7 a.m.
on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(23) (Signature) Rebecca Scott
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greelyville SC

Given name added from a supplemental report

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

(27) Filed Nov. 3 1929 (28) 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.