

THIS IS A PERMANENT RECORD.
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of
Township of
OR
Inc. Town of
OR
City of Spartanburg.....

(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

20067

Registration District No. 40-a Registered No. 289.....
(For use of Local Registrar)
(No. 10 Lennox.....St.; 4.....Ward)

(2) Full Name of Child Maler Louise Bradley.....

(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 case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 28.....19.....2.....
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel P. Bradley.

(9) PRESENT POSTOFFICE OF FATHER Spartanburg.

(10) COLOR OR RACE White. (11) AGE AT LAST BIRTHDAY.....24.....
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Cotton mill operative.

(20) Number of children born to mother, including present birth { 1.....

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Bengé.

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg.

(16) COLOR OR RACE white. (17) AGE AT LAST BIRTHDAY.....21.....
(Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Home.

(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.....at 1 P......M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W W Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Physician.

Given name added from a supplemental report

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

(27) Filed 7-1-19 22.....23.....
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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