

(1) PLACE OF BIRTH

County of SpauldingTownship of Cherokee

Inc. Town of

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

Registration District No. H.00.2 Registered No. 12
(For use of Local Registrar)(2) Full Name of Child Ena Ma Bradley If child is not yet named, make supplemental report as directed(3) SEX OR CHILD girl (4) Twin or Triplet? No To be answered only in event of Twin or Triplet (5) Number in order of birth 1st (6) Age Parents Married yes (7) DATE OF BIRTH Feb 2 1945
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chief Bradley(9) PRESENT POSTOFFICE OF FATHER Cherokee St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE GA(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Gena Hall(15) PRESENT POSTOFFICE OF MOTHER Cherokee St.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE GA(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (22) Date Feb 2 1945 (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spaulding St.

Given name added from a supplemental report

(26) Witness [Signature] (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 2 1945 (28) [Signature] 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.