

(1) PLACE OF BIRTH

County of AndersonTownship of Unionor
City ofor
City of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

37178

Registration District No. 309 Registered No. 85
(For use of Local Registrar)(No. St. Ward)
City of

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

Full Name of Child Lulu Mae Bradley If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH Nov. 30 22
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Oliver Bradley
(9) PRESENT POSTOFFICE OF FATHER Ira #4 S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Anderson Co. S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Leslie
(15) PRESENT POSTOFFICE OF MOTHER Ira #4 S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lorrie Bradley (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ira #4 S.C.

Name added from a supplemental report

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

(27) Filed Dec 1 22 (28) R. P. Robinson Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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