

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of *Richland* STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics

Township of *Buck* State Board of Health

File No.—For State Registrar Only
50436

Inc. Town of Registration District No. *1008* Registered No. *30*
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Joe Woodrow Bradley* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *No* (7) DATE OF BIRTH *Feb. 14, 1916*
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *W. B. Bradley*
(9) PRESENT POSTOFFICE OF FATHER *Greer St*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Years)
(12) BIRTHPLACE *Pa*
(13) OCCUPATION *mill work*
(14) Number of children born to mother, including present birth *6*

MOTHER.
(14) NAME BEFORE MARRIAGE *Dorance Campbell*
(15) PRESENT POSTOFFICE OF MOTHER *Greer St*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28* (Years)
(18) BIRTHPLACE *Pa*
(19) OCCUPATION *Domestic*
(21) Number of children of this mother new living, including present birth *0*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) *9 P.*

(23) (Signature) *[Signature]*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *[Address]*

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Feb 15 1916* (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.

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FIRST-BORN. No. 1. THIS OFFICE, No. 2, etc., in Question 1. M. H. McCaw, of Columbia. FORM NO. 2. MARVEL PRINTED FOR BUREAU OF VITAL STATISTICS. WHEN FILLING, YOU WILL FIND IT IS A GREAT HELP TO YOU. D. D. - A SET OF TABLES OF VITAL STATISTICS IS AVAILABLE FOR SALE.