

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79285

Registration District No. 4006

Registered No. 137

(For use of Local Registrar)

No.

St.:

Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

DATE OF BIRTH

Aug. 25-6

Name of month, Day, Year

FATHER

MOTHER

(7) FULL NAME

Odell Bradley

(8) NAME BEFORE MARRIAGE

Daisy Harris

(9) PRESENT RESIDENCE OF FATHER

Trough SC

(10) PRESENT RESIDENCE OF MOTHER

Trough SC

(11) COLOR OF CHILD

White

(12) AGE AT LAST BIRTHDAY

22

(13) COLOR OF MOTHER

White

(14) AGE AT LAST BIRTHDAY

20

(15) BIRTHPLACE

N.C.

(16) BIRTHPLACE

N.C.

(17) OCCUPATION

Millwork

(18) OCCUPATION

Housewife

(19) Name of children born to mother, including present birth

1

(20) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive 6 A. on the date above stated.

(22) Signature

H. L. Kirkpatrick

(23) Name of Physician or Midwife

Address of Physician or Midwife

M. D.

Paclet, SC

Give name added from a supplemental report

(24) Witness

Signature of witness necessary only when question 22 is signed by parent

(25) Date

Oct 1-6

(26) Signature

M. W. Brown

When there was no attending physician or midwife, then the father, grandfather, 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.

Fifth month of pregnancy