Form No. 5

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 11480

(1) PLACE OF BIRTH

County of Oconee

Township of Walhalla

or Inc. Town of .....

or City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 3.6.5. Registered No. 46 (For use of Local Registrar)

(2) Full Name of Child unnamed Bradley

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

(3) BOY OR GIRL: Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth: 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: March 15 1923 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME: Bailey Bradley

(9) PRESENT POSTOFFICE OF FATHER: Westminster

(10) COLOR OR RACE: Wh

(11) AGE AT LAST BIRTHDAY: 49 (Years)

(12) BIRTHPLACE: Anderson Co S C

(13) OCCUPATION: Farming

(14) Number of children born to mother, including present birth: 4

MOTHER

(14) MAIDEN NAME BEFORE MARRIAGE: Sepha Cobb

(15) PRESENT POSTOFFICE OF MOTHER: Westminster

(16) COLOR OR RACE: Wh

(17) AGE AT LAST BIRTHDAY: 24 (Years)

(18) BIRTHPLACE: Oconee Co

(19) OCCUPATION: Home Keeper

(20) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 8 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hally Howard

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Westminster

Given name added from a supplemental report ..... 19 .... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4-21 1923 (28) W. E. Shelor 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Bureau of Columbia, Columbia, S. C.