

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston, S.C.

(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

27441

Registration District No. 9 A

Registered No.
(For use of Local Registrar)

(No. 69 Anson)

(2) Full Name of Child Lansy Bradley

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

1. Sex Male 2. Age 13 3. Date 11-23

FATHER

1. Name Thomas Bradley

2. Address 69 Anson

3. Color C 4. Age at last birthday 35

5. Birthplace Charleston

6. Occupation laborer

7. Number of children born to mother, including present birth 2

MOTHER

1. Name Nora Fulton

2. Address 69 Anson

3. Color C 4. Age at last birthday 30

5. Birthplace Charleston

6. Occupation domestic

7. Number of children of this mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive at 2:00 AM on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(29) (Signature) Martha Robinson
(30) State whether Physician or Midwife midwife (31) Address of Physician or Midwife 52 Calhoun

Given name added from a supplemental report

(32) Witness John S. ...
(33) Signature of Witness John S. ...
(34) Date when question is asked 9/11/23
(35) Filed 9/11/23 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.