

Form No. 1

(1) PLACE OF BIRTH

County of Hershaw
 Township of Stephens
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41095

Registration District No. 705 Registered No. 125
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. B. Bradley
 (9) PRESENT POSTOFFICE OF FATHER Russellville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (Years)
 (12) BIRTHPLACE Hershaw
 (13) OCCUPATION Picture Agent
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Verna Williams
 (15) PRESENT POSTOFFICE OF MOTHER Russellville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Years)
 (18) BIRTHPLACE Wayne Co. Ga
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Freeman(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Russellville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 25 1922(28) W. A. Gentry 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 INDEXING.
 WRITE PLAINLY.
 IN CASE OF TWIN OR TRIPLETS, GIVE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 6.

MADE BY COLUMBIA, COLUMBIA, S. C.