

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Int. Chis

Inc. Town of

City of

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

(2) Full Name of Child Cary Bradley(3) BOY OR GIRL girl

(4) Twin or Triplet

Number in order of birth

To be answered only in case of Twin or Triplet

FATHER.

(5) FULL NAME James Bradley(6) PRESENT POSTOFFICE OF FATHER My sack, S.C.(7) COLOR OR RACE negro(8) BIRTHPLACE Lee Co(9) OCCUPATION Farming

(10) Number of children born to mother, including present birth

MOTHER.

(11) NAME BEFORE MARRIAGE Mary Ruth(12) PRESENT POSTOFFICE OF MOTHER My sack, S.C.(13) COLOR OR RACE negro(14) BIRTHPLACE Lee Co(15) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was. born alive at. 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(18) (Signature) Nancy Rogers(19) State whether Physician or Midwife midwife(20) Address of Physician or Midwife St Charles S.C.

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

(22) Filed Mar 2 1924 (23) Newton Edmonson 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41430

Registration District No. 00.04 Registered No. 28
(For use of Local Registrar)

(No. St. Ward)

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and must be
MADE IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 4
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.