

(1) PLACE OF BIRTH

County of

Township of

City of

City of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar

10269

557

Registration District No. 9 A

Registered No.

(For use of Local Registrar)

(No. of Street and Ward)

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

(2) Full Name of Child

Mary Francis Bradwell

(3) SEX

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

Thomas Wade Bradwell

(9) PRESENT POSTOFFICE OF FATHER

1 Glenwood Pkwy

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Cross, S. C.

(13) OCCUPATION

Doctor

MOTHER

(14) NAME BEFORE MARRIAGE

Angela Perry

(15) PRESENT POSTOFFICE OF MOTHER

1 Glenwood Pkwy

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Sullivan's Island S. C.

(19) OCCUPATION

House wife

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State of Physician or Midwife (25) Address of Physician or Midwife

277 Calloway

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed

4/18/1911

(28) J. Mercer

Green M. D.

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.