

(1) PLACE OF BIRTH

County of Monroe

Township of

Inc. Town of

City of

(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

File No.—For State Registrar Only

69433

Registration District No. 32-a Registered No. 65

(For use of Local Registrar)

(2) Full Name of Child

 Dorothy Belle Bradley

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 4 1916</u>
<small>To be answered only in case of Twins or Triplets</small>				<small>(Same of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME William Bradley(9) PRESENT POSTOFFICE OF FATHER Monroe SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 76 (Years)(12) BIRTHPLACE Monroe SC(13) OCCUPATION Chauffeur(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Arabella Hunter(15) PRESENT POSTOFFICE OF MOTHER Monroe SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 70 (Years)(18) BIRTHPLACE Monroe SC(19) OCCUPATION School Teacher(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 5 P on the date above stated.(23) (Signature) Ella X. Lasse(24) State whether Physician or Midwife (25) Address of Physician or Midwife Monroe SC

Given name added from a supplemental report

(26) Witness Hester Hunter (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 11 1916 (28) Arthur R. Gray 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.

MARRIAGE REGISTRARS: THIS RETURNING. STATE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THEN OTHERS, No. 2, etc., in question 2.