

MARGIN REMOVED FOR REP. NO. 1. WITH UNPAID INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.

(1) PLACE OF BIRTH

County of Clarendon
Township of St. Mark
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

41785

Registration District No. 1310

Registered No. 37
(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 David Levi Bradshaw If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 28 22
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Sam N. Bradshaw

(9) PRESENT POSTOFFICE OF FATHER Fouston N.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Simon

(15) PRESENT POSTOFFICE OF MOTHER Fouston N.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)

(23) (Signature) Rebecca Parker

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Greenville N.C.

Given name added from a supplemental report

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

(27) Filed Dec 14 22 (28) S. H. L. Smith 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.