

(1) PLACE OF BIRTH

County of Gauche
 Township of Cherokee
 Inc. Town of _____
 City of _____

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

16385

Registration District No. 3616Registered No. 26
(For use of Local Registrar)(2) Full Name of Child Paul James Bradshaw

(4) BOY OR GIRL Boy (5) TIME of Birth To be answered only in case of Twins or Triplets (6) Age of Parents Yes (7) DATE OF BIRTH May 9, 1922
 (Name of Month) (Day) (Year)

FATHER:
 (8) FULL NAME Paul Bradshaw
 (9) PRESENT POSTOFFICE OF FATHER Cape SC RFD
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 41 (Years)
 (12) BIRTHPLACE Barnwell Co
 (13) OCCUPATION Day Laborer
 (20) Number of children born to mother, including present birth Eight

MOTHER:
 (14) NAME BEFORE MARRIAGE Miss Jolley
 (15) PRESENT POSTOFFICE OF MOTHER Cape SC RFD
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Barnwell Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M.
 on the date above stated _____ (Hour A. M. or P. M.)(23) (Signature) Blair Stokes(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Cape SC RFD

Given name added from a supplemental report

(26) Witness

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

(27) Date June 3, 1922

(28)

Local Registrar

When there was no attending physician or midwife, 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.