

(17) FRANCHISE OF MARRIAGE

CERTIFICATE OF BIRTH

7th Ed. - For State Register Only

County of *York*

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

832

Township of

or Town of *Harbottle*

Registration District No. *1573*

Registered No. *10*

City of *Byrdton*

(For use of Local Registrar)

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

(2) Full Name of Child *John B. Rada*

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

(1) BOY OR GIRL? <i>boy</i>	(4) Twin or Triplet?	(3) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 21 1923</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME *John B. Rada*

(9) PRESENT POSTOFFICE OF FATHER *Harbottle S.C.*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *29*
(Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Clerkman in
Telegraph Co.*

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

MOTHER

(14) NAME BEFORE MARRIAGE *Margaret Young*

(15) PRESENT POSTOFFICE OF MOTHER *Harbottle S.C.*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *28*
(Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housework*

(20) 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 *4:05* A.M. on the date above stated. (Hour, A. M. or P. M.)

(23) (Signature) *William R. Rader*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Harbottle S.C.*

Given name added from a supplemental report
..... 101
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. McKeegan
(27) Filed *July 14 23* 101 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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