

(17) FRANCH OF MOTHER  
County of *York*  
Township of *Harbottle*  
or  
Inc. Town of *Harbottle*  
or  
City of *Harbottle*

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. - *For this register only*  
**832**

Registration District No. *1573* Registered No. *10*  
(For use of Local Registrar)  
St. *BYRTON* Ward *10*  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 21 1920</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>John B. Rada</i>			(14) NAME BEFORE MARRIAGE <i>Margaret L. Rada</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Harbottle S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Harbottle S.C.</i>	
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY <i>29</i> (Years)	(16) COLOR OR RACE <i>W</i>	(17) AGE AT LAST BIRTHDAY <i>28</i> (Years)	
(12) BIRTHPLACE <i>S.C.</i>		(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Fireman</i> <i>Harbottle Co.</i>		(19) OCCUPATION <i>Housework</i>		
(20) Number of children born to mother, including present birth <i>3</i>		(21) Number of children of this mother now living, including present birth <i>3</i>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4:45* A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *William R. Rader*  
(24) State whether Physician or Midwife (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. R. Rader*  
(27) Filed *Jan 23 1920* (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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