

(1) PLACE OF BIRTH

County of Greenville
Township of Paris Dist.or
Inc. Town of Registration District No. 224 Registered No. 19
(For use of Local Registrar)
or
City of (No. St.; Ward)
(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 HealthFile No.—For State Registrar Only
64603(2) Full Name of Child Clinton Bradley } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Norman Bradley</u>	(14) NAME BEFORE MARRIAGE <u>Essie Thompson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. R. 3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville R. 3</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Greenville Co. S.C.</u>	(18) BIRTHPLACE <u>Greenville Co.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housekeeper</u>			
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emmett Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife
Greenville R. 3

Given name added from a supplemental report

(26) Witness John B. Nester
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 4, 1916 (28) John B. Nester
Registrar Local Registrar

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

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Cav. of Columbia