

(5) PLACE OF BIRTH

County of Wayne

Township of

Inc. Town of WayneCity of Wayne

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Register

14207

Registration District No. 1Registered No. 152

(For use of Local Authorities)

(No. 23 St. 1 Ward)

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

2) Full Name of Child Robert Edward Bradley yet named, make supplemental report as directed

1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar. 31, 1923</u> (Name of Month) (Day) (Year)
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FATHER

1) FULL NAME William Edgar Bradley2) PRESENT POSTOFFICE OF FATHER Wayne3) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 29 (Years)4) BIRTHPLACE Go5) OCCUPATION Textile Work6) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Mellie Brookshire(15) PRESENT POSTOFFICE OF MOTHER Wayne(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE SC.(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 Mar. 31, 1923 (Hour A. M. or P. M.) on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Wayne

Given name added from a supplemental report

101

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by father)

(27) Date May 1, 1923 (28) [Signature] 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.

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