

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Hartland
Township of Campbell
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23895

Registration District No H. 401 Registered No. 64
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rebecca Brady If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? <u>—</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>—</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>May 25, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Gen. Lizzie Brady</u>	14) NAME BEFORE MARRIAGE <u>Miss May Edwards</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Campbell, S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Campbell, S.C.</u>			
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
12) BIRTHPLACE <u>Campbell, S.C.</u>	18) BIRTHPLACE <u>Hartland Co., S.C.</u>			
13) OCCUPATION <u>Housewife</u>	19) OCCUPATION <u>housework</u>			
20) Number of children born to mother, including present birth <u>14</u>	21) Number of children of this mother now living, including present birth <u>14</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:20 P.M. on the date above stated. (Hour) (M. or P.M.)

(23) (Signature) R. G. Christopher, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Landon, S.C.

Given name added from a supplemental report

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

(27) Filed 6-22 1922 (28) C. T. Mayberry 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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