

Form No. 1

(1) PLACE OF BIRTH

County of BerkelyTownship of Eastland

Inc. Town of

City of

(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 Health

File No.—For State Registrar Only

63283

Registration District No. Registered No. 189

(For use of Local Registrar)

City of

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

(2) Full Name of Claudius Jamett Bradwell

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27th 1916

FATHER.

(8) FULL NAME Isaac D Bradwell(9) PRESENT POSTOFFICE OF FATHER Cross S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Cross S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Rosalia M. Fith(15) PRESENT POSTOFFICE OF MOTHER Cross S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Eastland S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Bradwell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Cross S.C.(26) Witness W. D. Cross

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

(27) Filed June 27th 1916 (28) D. W. Cross

Local Registrar

Given name added from a supplemental report

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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.

MARGIN RESERVED FOR BINDING.

WHITE 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

M. Caw of Columbia.