

WHITE PLAIN. WITH LEADING 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

Form 60

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Spartanburg  
or  
Inc. Town of .....  
or  
City of Spartanburg

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

Registration District No. 4008

File No.—For State Registrar Only  
**20237**

Registered No. 164  
(For use of Local Registrar)

(2) Full Name of Child Atha Bradley

(3) BOY OR GIRL? girl (4) Twin or Triplet? No. R. 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 23, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Will Bradley  
(9) PRESENT POSTOFFICE OF FATHER Spartanburg R1 S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE W.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Lucy Thornton  
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg R1 S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE W.C.  
(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 alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Chapman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Whitney 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 7-1-22 (28) E. J. Parker 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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