(1) PLACE OF BIRTH

County of Cherokee

Township of Cam Powell

or

Inc. Town of .....

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 Health

File No.—For State Registrar Only

20168

Registration District No. 4001-A Registered No. 58

(For use of Local Registrar)

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		3		June 8 1922

FATHER.

(8) FULL NAME: Mac Brady

(9) PRESENT POSTOFFICE OF FATHER: Cam Powell

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: S. C.

(13) OCCUPATION: Farmer

(20) Number of children born to me (including present birth): 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Nellie Arnold

(15) PRESENT POSTOFFICE OF MOTHER: Cam Powell

(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: S. C.

(19) OCCUPATION: Housework

(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 2 P. M., on the date above stated. (Born alive or stillborn) (Hour: A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: R N A

(25) Address of Physician or Midwife: Cam Powell

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 1-9 19 27 (28) C L 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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7

Form 6 C
MARION REMEMBERWOOD FOR BINDING.
WHITE PLASTIC, WITH UNSPOKEN INK—JUDGE M. A. PEHRMANSON'S RECORDS.
NEW STYLE OF FASTENER, NEW SEPARATE BANK FOR EACH CERTIFICATE, and mark the
McCAW OF COLUMBIA, COLUMBIA, S. C.