

(1) PLACE OF BIRTH  
 County of Berkeley  
 Township of Camden  
 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  
**63278**

Registration District No. 708 Registered No. 184  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14<sup>th</sup> 1916  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME Paul Bradley  
 (9) PRESENT POSTOFFICE OF FATHER Ferguson S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Springfield  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 5

(14) NAME BEFORE MARRIAGE Eliza Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Ferguson S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Old Field  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M., on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paty Kumbert

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

Midwife Ferguson S.C.

Given name added from a supplemental report

(26) Witness E. M. Cross  
 (Signature of Witness necessary only when question 23 is signed in mark)

(27) Filed June 19<sup>th</sup> 1916 (28) D. W. Cross Local Registrar

MARGIN RESERVED FOR BINDING.  
 WHITE PLAIN, 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.  
 of Columbia

\*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.