

WRITE PLAINLY, WITH FADING 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 4

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Mecklenburg</u>		STATE OF SOUTH CAROLINA		2675	
Township of <u>Mt. Pleasant</u>		Bureau of Vital Statistics			
City of <u>Charlotte</u>		State Board of Health			
Inc. Town of <u>Charlotte</u>		Registration District No. <u>207</u>		Registered No. <u>6</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>207</u> St. <u>6</u> Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Billy Stanley Jr.</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>Single</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb-26-23</u>	
To be answered only in event of Twin or Triplet		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>Lillie Bradley</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Anderson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Salina SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Salina SC</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>		
(12) BIRTHPLACE <u>Salina SC</u>		(18) BIRTHPLACE <u>Salina SC</u>			
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Lillie</u> at <u>2:00</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lillie Bradley</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Feb-28-23</u> (28) <u>G. H. Moore</u> 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.					

Record of Columbia, Columbia, S. C.