

(Copy from original in pencil.)

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only

87665

Registration District No. 4-108 Registered No. 12778  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 29, 1919  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Co. St.  
(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Carpenter  
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bradford  
(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24  
(18) BIRTHPLACE Sumter Co.  
(19) OCCUPATION Housework  
(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 born alive at Sumter M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Conelia Albert for Registrar

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Sumter 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 Dec. 1, 1919 (28) 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.

MARGIN RESERVED FOR BINDING. WRITE 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. REG. OF COLUMBIA, COLUMBIA, S. C.