

## (1) PLACE OF BIRTH

County of Allendale

Township of .....

Inc. Town of .....

City of .....

(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

19707

Registration District No. 46.00Registered No. 75  
(For use of Local Registrar)(2) Full Name of Child Glenda Bradley If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Female</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>July 14, 1923</u> (Month of birth) (Day) (Year)
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FATHER

(8) FULL NAME Jahnie Johnson

(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 25  
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

MOTHER

(14) FULL NAME Glenda Bradley

(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 16  
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Glenda Bradley M., on the date above stated. (Signature of Physician or Midwife) (Name - M. or P. M.)(23) (Signature) Glenda Bradley(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

(26) Witness July 15, 1923  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 25, 1923 (28) L. H. Boyd M.D.  
Registrar 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.