

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of

City of

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

Registration District No. 604

File No. For State Registrar Only

16161

Registered No. 54  
(For use of Local Registrar)(No. St. Ward)

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

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

3. BOY OR GIRL? <u>Girl</u>	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married? <u>No</u>	7. DATE OF BIRTH <u>April 13, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

8. FULL NAME Marion Tripp

9. PRESENT POSTOFFICE OF FATHER Savannah, Ga.

10. COLOR OR RACE Negro

11. AGE AT LAST BIRTHDAY 3 (Years)

12. BIRTHPLACE South Carolina

13. OCCUPATION Laborer

**MOTHER.**

14. NAME BEFORE MARRIAGE Louisa Bradley

15. PRESENT POSTOFFICE OF MOTHER Frogmore S.C.

16. COLOR OR RACE Negro

17. AGE AT LAST BIRTHDAY 19 (Years)

18. BIRTHPLACE South Carolina

19. OCCUPATION Domestic

21. Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lydia Rivera X Frogmore S.C.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. B. Thoman  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4/15, 1922 (28) J. B. Thoman Local Registrar

When there was no attending physician or midwife, then the father, household, 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.