

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

or Inc. Town of

City of

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

(2) Full Name of Child Wilbur 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> (State of Month) (Day) (Year)
----------------------------	--------------------	----------------------------	----------------------------------	--

FATHER:

8 FULL NAME Marion Tripp9 PRESENT POSTOFFICE OF FATHER Savannah, Ga.10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 2 (Years)12 BIRTHPLACE South Carolina13 OCCUPATION Laborer20 Number of children born to mother, including present birth 1

MOTHER:

14 NAME BEFORE MARRIAGE Louisa Bradley15 PRESENT POSTOFFICE OF MOTHER Frogmore S.C.16 COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)18 BIRTHPLACE South Carolina19 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 1:10 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

19 Registrar

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