

(1) PLACE OF BIRTH

County of allendaleTownship of !!Inc. Town ofCity of

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

(2) Full Name of Child Annie Lon Bradley

No. 10.—For State Registrar Only

34443

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4600 Registered No. 119

(For use of Local Registrar)

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov 2, 1923

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Isaac Bradley(9) PRESENT RESIDENCE OF FATHER Wilmington SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 56

(Year)

(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Annie Dobson(15) PRESENT RESIDENCE OF MOTHER Wilmington SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38

(Year)

(18) BIRTHPLACE SC(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 9 M., on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Dora M. Priestley (23) Address of Physician or Midwife Wilmington SC(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness J. H. Boyd (Signature of Witness necessary only when question 22 is signed by mark)(26) Filed Nov 14, 1923 (27) Registrar J. H. Boyd MD

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.