

(1) PLACE OF BIRTH

County of Kershaw

Township of

OF

Inc. Town of

OF

City of Charleston

(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

36448

Registration District No. 22-A Registered No. 86

(For use of Local Registrar)

(2) Full Name of Child Billy Bradford If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married X (7) DATE OF BIRTH 7 7 3 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Le Beau D Bradford(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44 (Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Minister(14) Number of children born to mother, including present birth 1 7

MOTHER.

(14) NAME BEFORE MARRIAGE Little Johnson(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Year)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) St. Thomas M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston 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 7/11/33 (28) W. J. Wilson 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.

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