

## (1) PLACE OF BIRTH

County of *Sumter*Township of *Sumter*Inc. Town of *Sumter*City of *Sumter*

(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

74952

Registration District No. *4108* Registered No. *120*

(For use of Local Registrar)

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

(3) BOY OR GIRL?

(4) ~~Twins~~ or Triplets? *one*

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Aug. 17, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Willie Bradley*(9) PRESENT POSTOFFICE OF FATHER *Sumter S.C.*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE *Sumter County*(13) OCCUPATION *Common labor*

(20) Number of children born to mother, including present birth { .....

## MOTHER.

(14) NAME BEFORE MARRIAGE *Leah S. Snow*  
*Leah Bradley*(15) PRESENT POSTOFFICE OF MOTHER *Sumter S.C.*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY (Years)(18) BIRTHPLACE *Sumter County*(19) OCCUPATION *House keeper*

(21) Number of children of this mother now living, including present birth { .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Louisa Goodson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Midwife* *Sumter 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 *Aug. 1916* (28) *W. B. S. S.* 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.