

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Middleburg

OF

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

19319

Registration District No. 4102Registered No.
(For use of Local Registrar)(2) Full Name of Child George Bradford
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL? Boy(4) Twin
or Triplet
To be checked only in event of Twin or Triplet(5) Number in
order of birth(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH (Name of Month) (Day) (Year)
Nov 10 1931

FATHER

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(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 born at 9 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. S. Snyder

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
al report)(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed

(28) 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.