

Form No. 3

(1) PLACE OF BIRTH

County of Flourence

Township of

Inc. Town of

City of Flourence

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

(2) Full Name of Child James N. Bradford

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 2. A-A Registered No. 197...(No. 111 E. Evans Ward)

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 6/23/23 (Name of Month) (Day) (Year)FATHER. (8) FULL NAME Richard F. Bradford (9) PRESENT POSTOFFICE OF FATHER Flourence(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Sumter Co (13) OCCUPATION Chair RmMOTHER. (14) NAME BEFORE MARRIAGE Edna Jenkins (15) PRESENT POSTOFFICE OF MOTHER Flourence(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE Sumter Co (19) OCCUPATION 0(20) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Born L. M. or P. M.)(23) (Signature) E. H. Evans (24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Flourence

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 2, 1923 (28) P. H. Prusham 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.)

Given name added from a supplemental report

19 Registrar