

16 092879

## 1. PLACE OF BIRTH

County of Aiken  
 Township of Sleepy Hollow  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of HealthRegistration District No. 212

FILE No.—For State Registrar Only

00130

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Willie Bradley { If child is not yet named, make supplemental report as directed.

|  |                  |                                   |  |                                    |   |
|--|------------------|-----------------------------------|--|------------------------------------|---|
| 3. Boy or Girl<br><u>BOY</u>   | If Plural Births | 4. Twin, triplet or other.....    | 6. Premature.....  | 7. Are Parents Married? <u>Yes</u> | 8. Date of birth <u>July 7, 1916</u> 19__ |
| 9. Full name<br><u>Arthur Bradley</u>  |                  | 5. Number, in order of birth..... | Full term <u>X</u>   |                                    | (Month, day, year)                        |
| 10. Residence (mailing address)<br><u>R. 1, Aiken, S.C.</u><br>(If non-resident, give place and State)         |                  |                                   | 18. Name before marriage<br><u>Sarah Lou Andrews</u>   |                                    |   |
| 11. Color or race..... <u>Negro</u>  |                  |                                   | 19. Residence (mailing address)<br><u>R. 1, Aiken, S.C.</u><br>(If non-resident, give place and State)                   |                                    |   |
| 12. Age at child's birth..... <u>33</u> (years)  |                  |                                   | 20. Color or race..... <u>Negro</u>  |                                    |   |
| 13. Birthplace (city or place)<br><u>Aiken Co., S.C.</u><br>(State or country)                                 |                  |                                   | 21. Age at child's birth..... <u>30</u> (years)  |                                    |   |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>Farmer</u> |                  |                                   | 22. Birthplace (city or place)<br><u>Aiken Co., S.C.</u><br>(State or country)   |                                    |   |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....                         |                  |                                   | 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... <u>Housewife</u> |                                    |   |
| 16. Date (month and year) last engaged in this work..... 19__  |                  |                                   | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....                       |                                    |   |
| 17. Total time (years) spent in this work.....   |                  |                                   | 25. Date (month and year) last engaged in this work..... 19__  |                                    |   |
| 18. Occupation   |                  |                                   | 26. Total time (years) spent in this work.....   |                                    |   |

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_)

28. If stillborn, period of gestation \_\_\_\_\_ { months weeks } 29. Cause of stillbirth \_\_\_\_\_ { Before labor. During labor. }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 10:00 P.m. on the date above stated.  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sarah L. Andrews Parent

or \_\_\_\_\_ Guardian

Given name added from \_\_\_\_\_  
a supplementary report..... (Date of) \_\_\_\_\_Address R. 1, Box 29, Aiken, S.C.Filed Feb. 10, 1916 M.B. Woodward, M.D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
 (See instructions on Back of Certificate.)