

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