

## (1) PLACE OF BIRTH

County of Sumter, S.C.Township of .....or  
Inc. Town of .....or  
City of .....

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

## (2) Full Name of Child

Virginia Ruth Bradford(3) SEX  
M/F(4) Type  
or Tagset

It is assumed only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Twin or  
Triplet(7) DATE OF  
BIRTHJuly 17, 1923

FATHER

BRADFORD

(8) FULL  
NAMECharles Earl Bradford(9) PRESENT  
POSTOFFICE  
OF FATHERSumter, S.C.(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY33

(12) BIRTHPLACE

Hamburg, Ill.

(13) OCCUPATION

watchmaker(14) NAME BEFORE  
MARRIAGEMarian Reynolds(15) PRESENT  
POSTOFFICE  
OF MOTHERSumter, S.C.(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY23

(18) BIRTHPLACE

Chicago, Ill.

(19) OCCUPATION

Domestic(20) Number of children of this mother  
now living, including present birth1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(22) (Signature)

(23) (Date)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Give name asked from a supplemen-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed

July 24, 1923

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.