

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

Registration Dist. No. 41A **STANDARD CERTIFICATE OF LIVE BIRTH**
Division of Vital Statistics—State Board of Health
State of South Carolina

23 048094

Registrar's No. _____

1. PLACE OF BIRTH

- (a) County Sumter, SC
(b) City or town Sumter, SC
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution Sumter, SC Oakland Ave.
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community yes
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER

- (a) State South Carolina
(b) County _____
(c) City or town _____
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural, give location)

3. Full name of child Gloria Margaret Bradham

4. Sex: Female
5. Twin or triplet _____ If so—born 1st, 2d, or 3d _____

6. Number months of pregnancy 9
7. Date of birth June 18, 1923
(Month) (Day) (Year)

FATHER OF CHILD

8. Full name Lewis Bradham
9. Color or race C. 10. Age at time of this birth 33 yrs.
11. Birthplace Sumter, SC
(City, town, or county) (State or foreign country)
12. Usual occupation Salesman
13. Industry or business Salesman
20. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? none

MOTHER OF CHILD

14. Full maiden name Hazel South
15. Color or race C. 16. Age at time of this birth 30 yrs.
17. Birthplace Atlanta, Ga.
(City, town, or county) (State or foreign country)
18. Usual occupation Domestic
19. Industry or business Domestic
21. Mother's mailing address for registration notice: Don't know

22. Were drops put in baby's eyes? yes
(Yes or no)
Exact time 6:30
(Name of prophylactic)
23. Was prenatal blood test for syphilis made? yes
(Yes or no)
Date of test _____
(Name of laboratory)

24. Congenital deformities? none If yes, describe
(Yes or no)
25. Birth injury? none If yes, describe
(Yes or no)
26. Weight at birth 6 lbs. 8 oz.

27. I hereby certify that I attended the birth of this child who was born alive at the hour of 6:15 A. m. on the date above stated and that the information given was furnished by Lewis Bradham to this child as prophet

28. Date received by local registrar _____

29. Registrar's own signature _____

30. Date on which given name added _____

FEB 10 1924

(Registrar)

Attendant's own signature _____

M.D., midwife, or other _____

Address _____

Date signed 2-5-24