

Form No. 1

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Lane

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50702

Registration District No. 4305 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child

Emma Bradham

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

5

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Feb. 15th 1916

FATHER.

(8) FULL NAME

Robert Durant Bradham

(9) PRESENT POSTOFFICE OF FATHER

Salters Depot, S. C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Williamsburg Co. S. C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lily Richbourg

(15) PRESENT POSTOFFICE OF MOTHER

Salters Depot S. C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Williamsburg Co. S. C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Robert Durant Bradham

(24) State whether Physician or Midwife

Father

(25) Address of Physician or Midwife

Salters Depot, S. C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Feb 24th 1916 (28) Albert B. Moseley 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.