

Form No. 1

## (1) PLACE OF BIRTH

County of LeeTownship of W. O. Ohio

Inc. Town of .....

City of .....

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

(2) Full Name of Child Robert Bradley(3) BOY OR GIRL Boy(4) Twin or Triplet No(5) Number in order of birth 1  
To be covered only in case of Twin or Triplet(6) Are Parents Married? yesRegistered No. 23  
(For use of Local Registrar)

St. .... Ward)

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

DATE OF BIRTH Dec 9 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Bradley(9) PRESENT POSTOFFICE OF FATHER St Charles & C.(10) COLOR OR RACE white(11) BIRTHPLACE Lee Co(12) OCCUPATION Farming(13) Number of children born to mother, including present birth 4(11) AGE AT LAST BIRTHDAY 20  
(Year)

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Samuel(15) PRESENT POSTOFFICE OF MOTHER St Charles & C.(16) COLOR OR RACE white(17) BIRTHPLACE Lee Co(18) OCCUPATION House wife(19) Number of children of this mother now living, including present birth 4(17) AGE AT LAST BIRTHDAY 22  
(Year)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at St. L. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Martina Puma(22) State whether Physician or Midwife midwife(23) Address of Physician or Midwife St Charles & C.

(Given name added from a supplemental report)

(24) Witness

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

(25) Filed 14 1723(26) Local Registrar Winton Elmore

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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

WRITE PLAINLY. WITH ENVELOPE AND THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET AND A SEPARATE BLANK FOR EACH CHILD. NO. 2. SEE IN QUESTION 4. FORM-BIRM. No. 1 THE OTHER.