

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.
 of Columbia.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Peor Place
 or
 Inc. Town of Registration District No. 4105 Registered No. 89
 of (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
70633

(2) Full Name of Child John Francis Bradford } If child is not yet named, make
 supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 2 1916
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Linwood Bonman Bradford (9) NAME BEFORE MARRIAGE Georgie Bonson

(9) PRESENT POSTOFFICE OF FATHER R. F. D. #4 (10) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
R. F. D. #4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Years) (Years)

(12) BIRTHPLACE Sumter Co S.C. (18) BIRTHPLACE Floresville S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 a A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Archie Olivia M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Sumter S.C.

Given name added from a supplement-
 al report

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

(27) Filed June 8 1916 (28) A. M. Laughlin
 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.