

(1) PLACE OF BIRTH

County of SpartanburgTownship of SpartanburgCity of Converse

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only

37740

Registration District No. 4008Registered No. 332
(For use of Local Registrar)

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

(2) Full Name of Child Marion Bradford

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 6, 23
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Jim Bradford
(9) PRESENT POSTOFFICE OF FATHER Converse SC
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22
(Year)
(12) BIRTHPLACE N. C.
(13) OCCUPATION Tire Tire
(14) Number of children born to mother, including present birth TwoMOTHER.
(14) NAME BEFORE MARRIAGE Mellie Lumsy
(15) PRESENT POSTOFFICE OF MOTHER Converse SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19
(Year)
(18) BIRTHPLACE Va
(19) OCCUPATION H W
(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 3:57 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Arthur E. Converse

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Physician

Converse, S.C.

Give name added from a supplemental report

James Lumsy
Feb 25, 1924
Physician

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

(26) Filed Feb 5, 1924 (27) Wm. C. F. Parker
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.

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