

THIS IS A PERMANENT RECORD  
In case of twins or triplets use a separate card for each child, and mark the  
FIRST-BORN No. 1 THE OTHER No. 2 etc. in question 3

(1) PLACE OF BIRTH

County of Thurston  
Township of Sharon  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4321

Registration District No. 2704 Registered No. ....  
(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.)

(2) Full Name of Child Roosevelt Bradley If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? boy 4 Twin or Triplet? ..... 5 Number in order of birth ..... 6 Are Parents Married? no 7 DATE OF BIRTH Feb 26, 1923  
(Name of Month Day Year)

FATHER.

8 FULL NAME Unknown

9 PRESENT POSTOFFICE OF FATHER

10 COLOR OR RACE

12 BIRTHPLACE

(11) AGE AT LAST BIRTHDAY

13 OCCUPATION

20 Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Bradley

(15) PRESENT POSTOFFICE OF MOTHER Lugoff

(16) COLOR OR RACE colored

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farming

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 11 P.M.  
on the date above stated. Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature) Lizzie Joyner

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Lugoff, S.C. #2

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 28, 1923 (28) John H. G. S. 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