

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
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
17270

Registration District No. 1371

Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child

Lois M Bradshaw

3) BOY OR GIRL Girl 4) Sex or Triplet To be answered only in event of Twins or Triplets 5) Number in order of birth 70 6) Age Previous Month 7) DATE OF BIRTH June 12 23 (Name of Month) (Day) (Year)

FATHER
8) FULL NAME George Bradshaw
9) PRESENT POSTOFFICE OF FATHER Paul S.C.
10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 32 (Years)
12) BIRTHPLACE Laurens Co. S.C.
13) OCCUPATION Farm Hand
20 Number of children born to mother, including present birth 2

MOTHER
14) NAME AND MARRIAGE Minnie Horton
15) PRESENT POSTOFFICE OF MOTHER Paul S.C.
16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 17 (Years)
18) BIRTHPLACE Charleston S.C.
19) OCCUPATION House Girl
21 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Date of Birth) June 12 23 at (Hour A. M. or P. M.) 2 a.m.

(23) (Signature) Phoebe [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
19 Registrar

(26) Witness [Signature] (Signature of Witness necessary only when question 25 is signed by mark)
(27) Filed July 16 1923 [Signature] 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.