

# (1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of **Richland** STATE OF SOUTH CAROLINA,  
Bureau of Vital Statistics

Township of **Buck** State Board of Health

File No.—For State Registrar Only

**50436**

Inc. Town of ..... Registration District No. **1000** Registered No. **30**  
(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 **James Woodrow 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. 14, 1916**  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME **W. B. Bradley**  
(9) PRESENT POST-OFFICE OF FATHER **Greenville**  
(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **30** (Years)  
(12) BIRTHPLACE **SC**  
(13) OCCUPATION **Mill worker**

**MOTHER.**  
(14) NAME BEFORE MARRIAGE **Dorance Campbell**  
(15) PRESENT POST-OFFICE OF MOTHER **Greenville**  
(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **28** (Years)  
(18) BIRTHPLACE **SC**  
(19) OCCUPATION **Domestic**

(20) Number of children born to mother, including present birth { **6** } (21) Number of children of this mother now living, including present birth { **0** }

## **CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) ..... (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed **Feb 15 1916** (28) **James Woodrow Bradley** 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.

Registrar I

LOCAL REGISTRAR

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MAY 1915  
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STATE OF SOUTH CAROLINA  
BUREAU OF VITAL STATISTICS  
COLUMBIA  
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question.