

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

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

Registration District No. 9 A

Registered No. (For use of Local Registrar)

(2) Full Name of Child Margie B. Bradley

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

(1) SEX GIRL (2) Type or Trade ... (3) Number in order of birth ... (4) Age ... (5) DATE OF BIRTH Feb 20, 1923  
 To be reported only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lamar B. Bradley(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE Sackville S.C.(13) OCCUPATION Labo(20) Number of children born to mother, including present birth 14 children

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Tompkins(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Year)(18) BIRTHPLACE Sackville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 14 living

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Sarah B. Young

(24) State, whether Physician or Midwife

(25) Address of Physician or Midwife

356 Chestnut St.

Given name added from a supplemental report

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

(27) Date 11/23 (28) 1923 (29) J. Mercer (30) Dec 22

\*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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