

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of York

Township of .....

or  
Inc. TOWN of Ft. Millor  
City of SC

(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

47756

Registration District No. 44.06 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child William Rufus Bradford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets.

(5) Number in order of birth

6

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

July 12 1916  
(Month of Birth) (Day) (Year)

## FATHER.

(8) FULL NAME

William Rufus Bradford

(9) PRESENT POSTOFFICE OF FATHER

Ft. Mill SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41  
(Years)

(12) BIRTHPLACE

Ft. Mill SC

(13) OCCUPATION

News Paper Writer

(20) Number of children born to mother, including present birth

6

(14) NAME BEFORE MARRIAGE

Annie Manola

(15) PRESENT POSTOFFICE OF MOTHER

Ft. Mill SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29  
(Years)

(18) BIRTHPLACE

Sumter SC

(19) OCCUPATION

Teacher

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1<sup>st</sup> P.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

9/10 1916  
Chapman  
Superior Registrar

(26) Witness

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

(27) Filed 2-9- 1916

(28)

A. L. 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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