

PLACE OF BIRTH

Marlow

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

29339-a

City of

Bennettsville, S.C.

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

(If birth occurs in a hospital or other institution, give name of same, instead of street and number)

FULL NAME OF CHILD

Sara Francis Bradford

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

Sex

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Month of Birth) (Day) (Year)

FATHER John Bradford

MOTHER Estelle Fox

11. AGE AT LAST BIRTHDAY 43 (Years)

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE Negro

17. AGE AT LAST BIRTHDAY 25 (Years)

18. BIRTHPLACE

19. OCCUPATION

20. Number of children of this mother now living, including present birth

PLACE Marlow Co. S.C.

OCCUPATION Laborer

of children born to including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature Miller Grace

24. State whether Physician or Midwife midwife

25. Address of Physician or Midwife

Name added from a supplemental report

26. Witness

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

27. Filed

19

28.

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If breaths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.