

Form No. 8 00

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE NO. For State Registrar Only

38726

County of DorchesterTownship of Kogeror
Inc. Town of _____or
City of _____Registration District No. 1705Registered No. 666
(For use of Local Registrar.)

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

(2) Full Name of Child Jaxone Bradley

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>I</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 7th 1925</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Lawton Bradley(9) PRESENT POSTOFFICE OF FATHER Rockville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE S.C.

(13) OCCUPATION

Farmer(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Rosa Lee Cummins(15) PRESENT POSTOFFICE OF MOTHER Rockville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE S.C.

(19) OCCUPATION

Housewife(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 alive at 1 P.M. on the date above stated.(23) (Signature) Lawton Bradley
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeFather of Child Rockville S.C.

Given name added from a supplemental report

(26) Witness E.C. Culbertson
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Nov 16 1925 (28) E.C. Culbertson
RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this report.
If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the month of pregnancy.