

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Kershaw</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		86166	
Township of .....		Registration District No. <u>27-a</u>		Registered No. <u>72</u>	
or Inc. Town of .....				(For use of Local Registrar)	
or City of <u>Canden</u>		(No. <u>Aug</u> St.; <u>1st</u> Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Julius Thaddeus Stradford</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 13 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Stradford</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Drless</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Canden</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Canden</u>		
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)		
(12) BIRTHPLACE <u>Longtown S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Day labour</u>			(19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>10</u>			21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>H.P.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Olivia Doss</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Canden</u>					
Given name added from a supplemental report .....					
(26) Witness .....					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Nov 13 1916</u> (28) <u>W. G. Wilson</u> 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.