

23/1/23

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Sumter
Township of _____
or
Inc. Town of _____
or
City of Sumter R 720 (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4108

F 23 048054 Only
00000

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Frederick Bradford

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural Births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term 7. Are Parents Married? yes 8. Date of birth Sept 23, 1923
(Month, day, year)

9. Full name Sam Bradford FATHER

18. Name before marriage Elizabeth Campbell MOTHER

10. Residence (mailing address) Sumter SC R 753
(If non-resident, give place and State)

19. Residence (mailing address) Sumter R 720
(If non-resident, give place and State)

11. Color or race negr 12. Age at child's birth 26 (years)

20. Color or race negr 21. Age at child's birth 25 (years)

13. Birthplace (city or place) Sumter County SC
(State or country)

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(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work July 12, 1921

25. Date (month and year) last engaged in this work now, 19____

17. Total time (years) spent in this work whole life 26. Total time (years) spent in this work over 20 years

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at about 5 A m on the date above stated.
(Born alive or stillborn)

(Signed) Sam Bradford, Parent
or _____, Guardian
Address _____

Filed July 24, 1944 L.A. Riser, M.D.
Registrar. p

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

date of birth

Given
Sept 23, 1923