

Form No. 1

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or  
Inc. Town of .....or  
City of .....(No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child Olivia Bradford If child is not yet named, make supplemental report as directed

3 SEX OF CHILD

F

4 Twin or Triplet

No

5 Number in order of birth

1

To be answered only in event of Twin or Triplet

6 Are Parents Married

Yes

7 DATE OF BIRTH

Nov. 25, 23

(Month of Month) (Day) (Year)

## FATHER.

8 FULL NAME

Olivia Bradford

9 PRESENT POSTOFFICE OF FATHER

Sumter, S.C.

10 COLOR OR RACE

W

11 AGE AT LAST BIRTHDAY

24

12 BIRTHPLACE

S.C.

13 OCCUPATION

D. L. work

14 Number of children born to mother, including present birth

1

## MOTHER.

14 NAME BEFORE MARRIAGE

Olivia Mitchell

15 PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.

16 COLOR OR RACE

col.

17 AGE AT LAST BIRTHDAY

18

18 BIRTHPLACE

S.C.

19 OCCUPATION

housewife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 a. m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Smith

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Sumter, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10

(28)

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.