

Form No. 1

(1) PLACE OF BIRTH
County of Lowndes
Township of King
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
54080

Registration District No. H302 Registered No. 23
(For use of Local Registrar)
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 Wm. Bradley } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE BIRTH Mar 2 1914
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Bradley
(9) PRESENT POSTOFFICE OF FATHER Beaverton
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Washburn
(13) OCCUPATION Farm hand
(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jackson
(15) PRESENT POSTOFFICE OF MOTHER Ke-yoking
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Washburn
(19) OCCUPATION Housekeeper
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte J. Davis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Washburn, King

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness John King
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar 3 1914 (28) B. E. Blacker
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.

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.
City of Columbia