

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

or City of Charleston

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

(2) Full Name of Child Harold D. Bradford

File No. — For State Registrar Only

10284

9 A

Registration District No.

Registered No. 572

(For use of Local Registrar)

St. Ward

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH Apr. 20th 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Bradford(9) PRESENT POSTOFFICE OF FATHER Charleston S. C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Charleston S. C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Corinne L. Allen(15) PRESENT POSTOFFICE OF MOTHER Charleston S. C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE St. Matthews S. C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated. (Back alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Richardson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 5634 Mulledge Ave.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/27/22 (28) J. McNeill (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.