

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

OR
Inc. Town ofOR
City of Sumter

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

38519

Registration District No. 410 Registered No. 209

(For use of Local Registrar)

(No. Council St. West)(2) Full Name of Child Elizabeth Ladsay

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

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Sept. 15, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Ladsay(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Not known(13) OCCUPATION Lumber Work(20) Number of children born to mother, including present birth (one (1))

MOTHER.

(14) NAME BEFORE MARRIAGE Essa Bell Bradley(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Wedgfield - S.C.(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth (one (1))

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) X Maggie Jones(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness M. J. B. (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 27, 1922 (28) D. C. Browning 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 or stillbirths before the fifth month of pregnancy.

WHITE 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.

RECEIVED at Columbia, Columbia, S. C.