

Form No. 1

(1) PLACE OF BIRTH

County of BarnwellTownship of Barnwell

or

Inc. Town of

or

City of

(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

28924

Registration District No. 501Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child Rosa Lee 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? No

(7) DATE OF BIRTH

June 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie B. Lee(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Barnwell S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Mack(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Barnwell S.C.(19) OCCUPATION field hand(21) 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 alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Flora W. Small(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Barnwell 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 Sept 30, 1922(28) N. F. Hickland
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.

MARGIN RESERVED FOR BINDING.

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.

MEDICAL COLUMBIA, COLUMBIA, S. C.