

## (1) PLACE OF BIRTH

County of Sumter, S.C.

Township of .....

Inc. Town of .....

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

30297

Registration District No. 41-ARegistered No. 159

(For use of Local Registrar)

(No. Quincy Hospital Ward)

## (2) Full Name of Child

Francis Pelham Bradford

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

3) BOY OR GIRL Boy4) Twin or Triplet No5) Number in order of birth 16) Age Yr.7) DATE OF BIRTH Sept. 2, 1923

## FATHER.

8) FULL NAME Francis Pelham Bradford9) PRESENT POSTOFFICE OF FATHER Sumter, S.C. R.F.D. #410) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 4012) BIRTHPLACE S.C.13) OCCUPATION Farmer14) Number of children born to mother, including present birth 1

## MOTHER.

15) NAME BEFORE MARRIAGE Genevieve Williams16) PRESENT POSTOFFICE OF MOTHER Sumter, S.C. R.F.D. #417) COLOR OR RACE White 18) AGE AT LAST BIRTHDAY 3119) BIRTHPLACE S.C.20) OCCUPATION Domestic21) 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 or stillborn on the date above stated. (Hour A. M. or P. M.) 2:00 P.M.(23) (Signature) Archibald M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 5, 1923 (28) D. D. Brumby 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.

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