

Form No 1.

(1) PLACE OF BIRTH

County of SumterTownship of Sumter

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

File No.—For State Registrar Only

53935

Registration District No. 4108 Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child. Amby Mellette Bradley

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? Yes (7) DATE OF BIRTH March 8 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Bradley(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Wedgefield, S.C.(13) OCCUPATION Ret Road.(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Leah Richardson(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Sumter, S.C.(19) OCCUPATION House-keeper husband(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Priscilla Butler(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter, 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 Mar 11 1914 (28) 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.

(Copy from original in pencil.)

MARGIN RESERVED FOR INDEXING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE M. N.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. In question 6, FIRST-BORN, No. 1, THE OTHER, No. 2, etc.

McCall of Columbia.