

Form No. 1

(1) PLACE OF BIRTH

County of LynchburgTownship of Lynchburg

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
46750Registration District No. 2-02Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Alford Bradham

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parent Married? Yes(7) DATE OF BIRTH Jan 31 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Bradham(9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE Sumter Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Smith(15) PRESENT POSTOFFICE OF MOTHER Lynchburg S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 40

(Years)

(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Martha Wilson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Atlanta S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed 2/5 1916

(28)

J. H. McIntosh Sr.

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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and number the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.