

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH Sumter  
County of Sumter  
Township of Comstock  
or  
Inc. Town of ..... Registration District No. 4-1-00  
or  
City of ..... (No. .... St.; ..... Ward)  
(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  
74871

(2) Full Name of Child Pearl Bradley { If child is not yet named, make supplemental report as directed

|  |   |  |   |   |
|--|---|--|---|---|
| (3) BOY OR GIRL? <u>Girl</u>   | (4) Twin or Triplet?  | (5) Number in order of birth<br><small>To be answered only in event of Twins or Triplets</small> | (6) Are Parents Married?  | (7) DATE OF BIRTH <u>Aug. 11, 1911</u><br><small>(Name of Month) (Day) (Year)</small> |
| FATHER.  |   |  | MOTHER.   |   |
| (8) FULL NAME <u>Thomas Bradley</u>  |   |  | (14) NAME BEFORE MARRIAGE <u>Lula Spann</u>   |   |
| (9) PRESENT POSTOFFICE OF FATHER <u>Sumter SC</u>                          |   |  | (15) PRESENT POSTOFFICE OF MOTHER <u>Sumter SC</u>                                    |   |
| (10) COLOR OR RACE <u>Negro</u>  | (11) AGE AT LAST BIRTHDAY <u>41</u><br><small>(Years)</small> | (16) COLOR OR RACE <u>Negro</u>  | (17) AGE AT LAST BIRTHDAY <u>18</u><br><small>(Years)</small>                         |   |
| (12) BIRTHPLACE <u>Sumter Co</u>   |   |  | (18) BIRTHPLACE <u>Sumter Co</u>  |   |
| (13) OCCUPATION <u>farming</u>   |   |  | (19) OCCUPATION <u>house wife</u>   |   |
| (20) Number of children born to mother, including present birth { <u>2</u> |   |  | (21) Number of children of this mother now living, including present birth { <u>2</u> |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5-PM on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillips & Scott

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Bradley SC

(26) Witness J. K. Kimmey  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 1, 1911 (28) W. A. Kimmey  
Local Registrar.

Given name added from a supplemental report  
....., 191.....  
.....  
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.