

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

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.)

(2) Full Name of Child Edison Howard Bradford If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin <sup>s</sup> or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 26</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME <u>James Wesley Bradford Jr</u>	(14) NAME BEFORE MARRIAGE <u>Harricette M. Powell</u>
(9) PRESENT POSTOFFICE OF FATHER <u>El Paso Texas</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Sumter S.C.</u>	(18) BIRTHPLACE <u>Marysville S.C.</u>
(13) OCCUPATION <u>Postal electric</u> Present occupation <u>Magin Co. S. C.</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Corelia Olmstead(24) State whether Physician or Midwife Physician(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 Oct 10 1916 (28) W. J. McHagen 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.