

(1) PLACE OF BIRTH

County of Edgecombe
 Township of St. M.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. — For this Register
589

Inc. Town of

Registration District No. 209 Registered No.
 (For use of Local Registrar)

City of (No. 7 Sikes Hill 3 mile Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD girl (4) Type of Infant To be covered only in case of Twin or Triple (5) Number in order of birth (6) Sex of Mother yes (7) DATE OF BIRTH Jan 12 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Harry Bradley</u>	(14) NAME BEFORE MARRIAGE <u>Ethel Hall</u>	(9) PRESENT RESIDENCE OF FATHER <u>Myers P.O.</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Myers P.O.</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>29</u>	(12) COLOR OR RACE <u>Col</u>	(13) AGE AT LAST BIRTHDAY <u>23</u>
(15) BIRTHPLACE <u>Charleston S.C.</u>	(17) BIRTHPLACE <u>Charleston S.C.</u>	(18) OCCUPATION <u>laborer</u>	(19) OCCUPATION <u>house work</u>
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>12</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Jan 12 1923 at 11 P.M.
 on the date above stated. (Born alive yes) (Hour A.M. or P.M.)

(23) (Signature) Mrs. W. B. Belasco Johnson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Myers P.O. Charleston S.C.

Given name added from a supplemental report

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

(27) Date Jan 12 1923 (28) B. F. Myers 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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