

PLACE OF BIRTH

Yarb
 1130
 1130
 1130

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only
43477

Registration District No. **4401**

Registered No. **87**
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child **Earl Bradford**

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

(a) Sex **Male** (b) Number in order of birth **1** (c) Are Parents Married **Yes** (d) DATE OF BIRTH **9-23-22**
 (Name of Month) (Day) (Year)

FATHER
Frederick Charles Idem

MOTHER
Anna Ashley

PRESENT POSTOFFICE OF FATHER **Rochester, N.Y.**

PRESENT POSTOFFICE OF MOTHER **Rochester, N.Y.**

AGE AT LAST BIRTHDAY **30**
 (Year)

AGE AT LAST BIRTHDAY **28**
 (Year)

BIRTHPLACE **Yarb**

BIRTHPLACE **Yarb**

OCCUPATION **Farmer**

OCCUPATION **Dr**

Number of children born to father, including present birth **4**

Number of children of this mother now living, including present birth **4**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) **Dr. J. H. Cove**
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

(26) **Filed 7/1/8/1924 - J. H. Cove**

19 Registrar

(27) Filed **12/11/23** (28) **J. H. Cove** Local Registrar

If 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.

For Only

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Ward

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23
 (Year)

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25
 (Year)

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A. M., M., or P. M.)

or Midwife

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