

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—for State Registrar Only

County of Aiken

STATE OF SOUTH CAROLINA.

9021

Township of Tabernash

Bureau of Vital Statistics

State Board of Health

Inc. Town of ..... Registration District No. 201

Registered No. 12

(For use of Local Registrar)

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

(2) Full Name of Child Bryan William Brien

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 16 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Bryan William Brien

(14) NAME BEFORE MARRIAGE Bertie Poole

(9) PRESENT POSTOFFICE OF FATHER Lead

(15) PRESENT POSTOFFICE OF MOTHER Waguer, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE South Carolina

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. A. Withers

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

Given name added from a supplemental report

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

(27) Filed Apr 22 1923 (28) M. C. Courtney 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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