

File No.—For State Registrar Only

County of Baltimore.....
Township of Hiltonhead.....
or
Inc. Town of.....
or
City of

Registration District No. 802 Registered No.
(For use of Local Registrar)

(2) Full Name of Child Stephen Bryan

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

3) BOY OR GIRL

505

(4) **Twin or Triplet?**

To be answered only in event of Twins or Triplets:

(5) Number in order of birth

(5) Are Parents Married

No

(7) DATE OF

BIRTH.....505.....15, 1922
(Name of Month) (Day) (Year)

FATHER.

5) FULL NAME

~ P L O W E

9) PRESENT
POSTOFFICE
OF FATHER

10 COLOR
OR
FACE

(11) AGE AT LAST BIRTHDAY.

(Year)

12- BIRTHPLACE

(13) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE: Stella Bryan

(15) PRESENT
POSTOFFICE
OF MOTHER: Hiltonhead, S. C.

(16) COLOR OR RACE NEGRO

(17) AGE AT LAST BIRTHDAY.....18.....
(Total)

(18) BIRTHPLACE

S. G.

(18) OCCUPATION

Farm Laborer

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(23) (Signature) _____ Physician or Midwife

Address of Physician or Midwife
Hiltonhead, S. C.

Given name added from a supplemental report.

(28) **Witness**

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

FILED Feb. 24 1922 (28) Local Registrar.

When there was no attending physician or midwife, then the father, useholder, 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.