

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
Township of St. Pauls  
or  
Inc. Town of .....  
or  
City of .....

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

File No. - For State Registrar Only  
**27584**

Registration District No. 910 Registered No. 13  
(For use of Local Registrar)  
(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 Ram Bryan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 30 1923  
(Date of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Ram Bryan  
(9) PRESENT POSTOFFICE OF FATHER Oakton S.C.  
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37 (Year)  
(12) BIRTHPLACE Charleston County  
(13) OCCUPATION Laborer

**MOTHER.**

(14) NAME BEFORE MARRIAGE Heater Bryan  
(15) PRESENT POSTOFFICE OF MOTHER Oakton S.C.  
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Year)  
(18) BIRTHPLACE Charleston County  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 3 (21) Number of children of this mother now living, including present birth 1 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Janet Ware (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Oakton S.C.

Given name added from a supplemental report

(26) Witness W. B. L. ... (Signature of Witness necessary only when question 23 is signed by mark)

19 ... Registrar (27) Filed ... 19 ... (28) 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.