

Form No. 1

(1) PLACE OF BIRTH

County of HardeeTownship of Chilman

OR

Inc. Town of

OR

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

34224

Registration District No. 17.04 Registered No. 16
(For use of Local Registrar)(2) Full Name of Child J. B. Bryant

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 21 1922</u> (Name of Month) (Day) (Year)
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FATHER

MOTHER

(8) FULL NAME Jasper Bryant(14) NAME BEFORE MARRIAGE Arabel Bryant(9) PRESENT POSTOFFICE OF FATHER Harleyville(15) PRESENT POSTOFFICE OF MOTHER Harleyville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 1 (Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY about 20 (Years)(12) BIRTHPLACE Harleyville(18) BIRTHPLACE Harleyville(13) OCCUPATION Farming(19) OCCUPATION Home maker(20) Number of children born to mother, including present birth 1(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 at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabet Black(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife / Harleyville - S. C.

Given name added from a supplemental report

(26) Witness Arabel Bryant

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 8 1922 (28) Edna H. H. H. 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.