

## (1) PLACE OF BIRTH

County of WilliamsTownship of Wilson

Inc. Town of .....

OF

(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  
12704Registration District No. 7665Registered No. 19

(For use of Local Registrar)

## 2) Full Name of Child

Thomas Bryant Jr.

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

March 26 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Thomas Bryant

(9) PRESENT POSTOFFICE OF FATHER

Luray S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

Salmonst (pads) S.C.

(13) OCCUPATION

Farming

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

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lertude Watson

(15) PRESENT POSTOFFICE OF MOTHER

Luray

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21  
(Years)

(18) BIRTHPLACE

Clyde La

(19) OCCUPATION

Farming

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

Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as born at 16 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wiley F. Durrean

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

Midwife Luray S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness

J. H. Salmonst  
(Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed

7/11/23

(28)

J. H. Salmonst

Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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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