

(1) PLACE OF BIRTH

County of GreenvilleTownship of "

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

46385

Registration District No. 2209Registered No. 36

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Frank H. Bryant

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 Jan. 5, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank H. Bryant(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 33

(Years)

(12) BIRTHPLACE Anderson Co.(13) OCCUPATION mill work(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Tina Thacker(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 29

(Years)

(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:58 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. Eugene Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

June 18, 1916  
Greenville  
Register

(26) Witness

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

(27) Filed Feb 3, 1916

(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.

Fifth month of pregnancy.

MC

In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.