

MARGIN RESERVED FOR FILING. WHEN FILING, WITH UNPAID STATE HEALTH INSURANT RECORD, FILE IN CASE OF FIRST-BORN, No. 1. THIS UTILITY, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">3237</div>	
County of <u>Berkley</u> Township of <u>St. James</u> or Inc. Town of ..... or City of .....		Registration District No. <u>702</u>		Registered No. <u>7</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)		(No. .... St. .... Ward)		(If child is not yet named, make supplemental report as directed)	
<b>(2) Full Name of Child</b> <u>Gabriel Bryan</u>					
(3) BOY OR GIRL <u>MALE</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>Jan 18 1922</u> (State or Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Jesse Bryan</u>			(14) NAME BEFORE MARRIAGE <u>Mabel Lagani</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mounds Corner</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mounds Corner</u>		
(10) COLOR OR RACE <u>Col</u>			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(19) BIRTHPLACE <u>Pb</u>		
(12) BIRTHPLACE <u>Pb.</u>			(20) OCCUPATION <u>Housewife</u>		
(13) OCCUPATION <u>Farmer</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>11 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Abel E. Smith</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Mounds Corner</u>					
Given name added from a supplemental report:			(26) Witnesses (Signature of Witness necessary only when question 25 is signed by mark)		
(27) Local Registrar <u>Feb 25 1922</u>			(28) <u>N. E. McLean</u> 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					