

(1) PLACE OF BIRTH

County of RobesonTownship of Long

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same institution 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

4947

Registration District No. 3708 Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 14 1923</u> (Name of Month) (Day) (Year)
(8) FATHER. FULL NAME <u>E. H. Bryant</u>			(9) MOTHER. NAME BEFORE MARRIAGE <u>Pearl Collins</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Long</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Long</u>	
(12) COLOR OR RACE <u>White</u>			(13) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(14) BIRTHPLACE <u>Anderson</u>			(15) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(16) OCCUPATION <u>Farmer</u>			(17) BIRTHPLACE <u>Anderson</u>	
(18) OCCUPATION <u>Domestic</u>			(19) BIRTHPLACE <u>Anderson</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at Long on the date above stated.(23) (Signature) Lee White

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Long

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 1 1923 (28) Long 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.

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