

(1) PLACE OF BIRTH

County GreenvilleTownship of Breunville

Inc. Town of

City of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

28602

Registration District No. Registered No. 22092

(For use of Local Registrar)

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

(2) Full Name of Child John James Bryant If child is not yet named, make supplemental report as directed

3 BOY OR GIRL <u>7</u>	4 Twin or Triplet To be answered only in case of Twins or Triplets	5 Number in order of birth	6 Are Parents Married <u>Yes</u>	7 DATE OF BIRTH <u>Sept 24 1923</u> (Name of Month) (Day) (Year)
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FATHER
John James BryantPRESENT RESIDENCE OF FATHER Greenville S.C.(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 3MOTHER
Archia Ann South(14) NAME OF MOTHER Archia Ann South(15) PRESENT RESIDENCE OF MOTHER Greenville S.C.(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 31 (Year)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(23) (Signature) A. M. Furman

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

Given name added from a supplemental report

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

(27) Date Sept 24 1923 (28) A. H. Huchley 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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