Form No 3.

(1) PLACE OF BIRTH

County of Orangeburg

Township of Providence

or

Inc. Town of .....

or

City of ..... (No. ..... St.) ..... Ward)

(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

2223

Registration District No. 36 14 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Infant Briner

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy			Yes	Jan	29	1922

FATHER

(8) FULL NAME Walter Briner

(9) PRESENT POSTOFFICE OF FATHER Vance S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Orangeburg Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Elizer Bivarg

(15) PRESENT POSTOFFICE OF MOTHER Vance S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Orangeburg Co

(19) OCCUPATION Hous Wife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Grant

(24) State whether Physician or Midwife: mid wife

(25) Address of Physician or Midwife: Vance S.C.

Class-items omitted from supplemental report: 1

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

Feb 7 1922 Registrar

(27) Filed Jan 30 1922 (28) D. E. Dantzler 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.

* Here write name of physician, midwife, or other person making this return, and mark the letter M, if making return as midwife; P, if making return as physician; H, if making return as householder; O, if making return as other person. Refer to question No. 2, etc., in question 24.

MEDICAL DEPARTMENT, Columbia, S. C.

WARNING—PENALTY, Willfully making any false statement in answering questions on this certificate is punishable as a misdemeanor by a fine of not more than $100.00 or imprisonment for not more than 30 days, or both.