

REARER'S RECORD.  
 IF 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, Columbia, S. C.

McGraw

(1) PLACE OF BIRTH

County of Williams  
 Township of Liberty  
 or  
 Inc. Town of.....  
 or  
 City of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31842

Registration District No. 3705 Registered No. 117  
 (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)

(2) Full Name of Child

Cora Bryant

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 12, 1932  
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Cora Bryant  
 (9) PRESENT POSTOFFICE OF FATHER Liberty SC B#1  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Carter  
 (15) PRESENT POSTOFFICE OF MOTHER Liberty SC B#1  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Liberty SC B#1

Given name added from a supplemental report

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

(27) Filed Oct 7 1932 (28) John T. Dwyer 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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