

(1) Place of Birth  
County of Wayne  
Township of Ann Arbor  
or  
The Town of .....

Department of Health  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 144

Registered No. 2803  
(For use of Local Registrar)

City of ..... (No. ....) (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Hath's Sue Bryant (If child is not yet named, state name intended to be given)

Sex Girl Is it a twin? no Date of Birth Jan 11, 1923

FATHER		MOTHER	
(1) NAME		(1) NAME BEFORE MARRIAGE	<u>Annie Bryant</u>
(2) PRESENT ADDRESS OF FATHER		(2) PRESENT ADDRESS OF MOTHER	<u>Richard S.C.</u>
(3) COLOR		(3) COLOR	<u>Colored</u>
(4) BIRTHPLACE		(4) BIRTHPLACE	<u>S.C.</u>
(5) OCCUPATION		(5) OCCUPATION	<u>Labor on Farm</u>
(6) Number of children born to mother, including present birth	<u>One</u>	(6) Number of children of the mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(23) I hereby certify that I attended the birth of this child, who was Barnabé H.P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(24) (Signature) Wiley Carter  
(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Richard S.C.  
Given name added from a supplemental report  
(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(28) Date Feb 26, 1923 (29) Registrar

When there was no attending physician or midwife, then the father, mother, or other person, must sign this certificate, and if a child breathes even once, it must not be reported as stillborn.