

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
63274

(1) PLACE OF BIRTH

County of BertreeleyTownship of Cantain

or

Inc. Town of

or

City of

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

Registration District No. 708 Registered No. 180

(For use of Local Registrar)

(2) Full Name of Child Maybell Bryan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6th 1916</u>
<small>To be answered only in event of twins or triplets</small>			<small>(Name of Month) (Day) (Year)</small>	

FATHER.

(8) FULL NAME Abraham Bryan(9) PRESENT POSTOFFICE OF FATHER Cross St.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Monks Corner(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maybell Sanders(15) PRESENT POSTOFFICE OF MOTHER Cross St.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Casada(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 Alive at 4 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Talecia Bryan(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross St.

Given name added from a supplemental report

(26) Witness Pompy Bryan (Signature of witness necessary only when question 23 is signed by mark)(27) Filed June 9th 1916 (28) D W Cross 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of 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.
 McCaw, of Columbia