

Form No. 1

## (1) PLACE OF BIRTH

County of CalletonTownship of Verdun

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41870

Registration District No. 1409 Registered No. 54

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Gabriel Bryant

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

3) BOY OR GIRL? Boy

4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec-30-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Cedrus Bright

(9) PRESENT POSTOFFICE OF FATHER

Halliburton

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

23  
(Years)

(12) BIRTHPLACE

A.C.

(13) OCCUPATION

Farming

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Paralee Reed

(15) PRESENT POSTOFFICE OF MOTHER

Halliburton

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

26  
(Years)

(18) BIRTHPLACE

A.C.

(19) OCCUPATION

Domestic

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a.m. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(27) Jan 9 11 1923 (28)

Local Registrar.

Given name added from a supplemental report

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.

MAY 1917. RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IN A PERMANENT RECORD. 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. MEDICAL SOCIETY OF SOUTH CAROLINA, COLUMBIA, S. C.