

Form No. 1

## (1) PLACE OF BIRTH

County of W. Langburg  
 Township of Sumter  
 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

9476

Registration District No. 4310Registered No. 11

(For use of Local Registrar)

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

(2) Full Name of Child Mestee Lee Bryant

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

3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

March 31 22  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Edien Bryant

9) PRESENT POSTOFFICE OF FATHER

Lake City

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25  
(Years)

(12) BIRTHPLACE

Fla. S. G.

(13) OCCUPATION

Farmer

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Maud Welch

(15) PRESENT POSTOFFICE OF MOTHER

Lake City S. G.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

S. G.

(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... Alive... at 5 am. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

One Bryant

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Lake City S. G.

Given name added from a supplemental report

(26) Witness

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

(27) File

March 31 22

(28) Mr. W. E. Hitch

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS AN IMPORTANT RECORD  
 IN THE 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.