

(1) PLACE OF BIRTH

County of Beaufort.....
 Township of Hilton Head Island
 Town of Daufuskie
 City of Island Island

CERTIFICATE OF BIRTH

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

No. - For State Register Only
2982

Registration District No. 4004

Registered No. 5.....
 (For use of Local Registrar)

(No. Ward)

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

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

(2) Full Name of Child William Henry Bryan Jr.

(a) <u>Sex</u> ♂	(b) <u>Day</u> or <u>Time</u> To be answered only in event of Twins or Triplets	(c) <u>Number in</u> <u>order of birth</u>	(d) <u>Age</u> <u>Years</u> <u>Months</u>	(e) <u>DATE OF</u> <u>BIRTH</u> <u>Year</u> <u>Month</u> <u>Day</u> (Name of Month) (Day) (Year)
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FATHER.

(a) Name William Henry Bryan

(b) PRESENT
RESIDENCE
OF FATHER Daufuskie Isl

(c) COLOR Negro (d) AGE AT LAST
BIRTHDAY 21 (Years)

(e) BIRTHPLACE Daufuskie Island

(f) OCCUPATION Labored on W D Dredge Gilmore

(g) Number of children born to
mother, including present birth 3

(a) NAME BEFORE
MARRIAGE Edna Bentley

(b) PRESENT
RESIDENCE
OF MOTHER Daufuskie

(c) COLOR Negro (d) AGE AT LAST
BIRTHDAY 21 (Years)

(e) BIRTHPLACE Daufuskie Isl

(f) OCCUPATION House-wife

(g) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was dead, alive, or stillborn, at 8 P.M., on the date above stated. Dr. R. M. (Physician or Midwife) (Born G. M. or P. M.)

(24) (Signature) Susan R. Lloyd (25) Address of Physician or Midwife Daufuskie Isl

Given name added from a supplemental report

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

(27) Date Year Month Day J. 27 94 (28) 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.