

MARGIN RESERVED FOR BINDING
WHITE PLAINLY, WITH UNFADING INK—FILL IN 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Laurens</u>		STATE OF SOUTH CAROLINA		15638	
Township of <u>Laurens</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2904</u>		Registered No. <u>60</u>	
or				(For use of Local Registrar)	
City of		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Kela Bryson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 22</u> (Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>Sam Bryson</u>		(14) NAME BEFORE MARRIAGE <u>Dora Phelps</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Laurens S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>60</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Laurens Co S.C.</u>		(18) BIRTHPLACE <u>Laurens Co S.C.</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:00</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mrs. W. W. W.</u>		(25) Address of Physician or Midwife <u>Laurens S.C.</u>			
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report		(26) Witness <u>W. M. W.</u> (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19		(27) Filed <u>May 15 22</u> (28) <u>H. B. Nichols</u> Local Registrar			
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.