

Form No 1.

## (1) PLACE OF BIRTH

County of DillonTownship of Hampton

or

Inc. Town of Pagosa

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

51946

Registration District No. 16.23 Registered No. 73

(For use of Local Registrar)

(2) Full Name of Child Milton Bryant

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

(3) SEX OR  
GENDERBoy(4) Twin  
or triplet?No(5) Number in  
order of birth3

Take account only in case of twins or triplets

(6) AGE

3 yrs(7) DATE OF  
BIRTHMar 25, 1906

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL  
NAMEThomas Bryant(14) NAME BEFORE  
MARRIAGELane Wilcox(9) PRESENT  
POSTOFFICE  
OF FATHERPagosa, CO(15) PRESENT  
POSTOFFICE  
OF MOTHERPagosa, CO(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY6

(Years)

(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY26

(Years)

(12) BIRTHPLACE

South Hampton Co, Va.

(18) BIRTHPLACE

Columbia, S.C.

(13) OCCUPATION

C. F. Sartin Master

(19) OCCUPATION

Housewife(20) Number of children born to  
mother, including present birthThree(21) Number of children of this mother  
now living, including present birthThree

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. P. Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

715Pagosa, COGiven name added from a supplement-  
tal report

..... 1st.....

..... Registrar

(26) Witness .....  
(Signature of Witness necessary only  
when question 22 is signed by mark)(27) Filed Mar. 29th 1906 (28) R. P. Bailey  
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.