

(1) PLACE OF BIRTH

County of CherokeeTownship of Re. 1st

Inc. Town of

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

Registration District No. 120.8 Registered No.

(For use of Local Registrar)

No. 120.8—For State Registrar Only

35382

(2) Full Name of Child William Bryant If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 23, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Donald Bryant(9) PRESENT POSTOFFICE OF FATHER Society Hill, R. 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Year)(12) BIRTHPLACE Seasaworth(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie McJannet(15) PRESENT POSTOFFICE OF MOTHER Society Hill, R. 3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Year)(18) BIRTHPLACE Darlington, S. C.(19) OCCUPATION Farm & house work(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2:15 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Patricia Williams(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Society Hill, S. C.

Given name added from a supplemental report

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

(26) Filed 19 (27) Registrar W. S. Matheson

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.