

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Greenville (No. State Ave St.; Ward)

(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

55989

Registration District No. 22 A Registered No. 169

(For use of Local Registrar)

(2) Full Name of Child Lillian Adele Bryant { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 23 1911</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME <u>Sam Dennis Bryant</u>	(14) NAME BEFORE MARRIAGE <u>Walter Sarnoff</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
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(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>
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(12) BIRTHPLACE <u>Little Rock, Ark</u>	(18) BIRTHPLACE <u>York Co. S.C.</u>
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(13) OCCUPATION <u>Sailor</u>	(19) OCCUPATION
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(20) Number of children born to mother, including present birth { <u>1</u> }	(21) Number of children of this mother now living, including present birth { <u>1</u> }
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was female, on Jan 23 1911 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

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

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by state)(27) Filed May 11 1911 (28) [Signature] 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.

NOTES: PREPARED FOR MOTHER.

THIS FAMILY FILE NUMBER IS—THIS IS A PERMANENT RECORD.
IT IS NOT TO BE DESTROYED OR REPRODUCED WITHOUT THE WRITTEN PERMISSION OF THE BUREAU OF VITAL STATISTICS, COLUMBIA, S.C.

McGraw, of Columbia.