

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville
Township of Greenville
or
Inc. Town of
or
City of Jacksonville
(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
43062

Registration District No. 2209 Registered No. 458
(For use of Local Registrar)
City of Jacksonville (No. 32-3d one St.: Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No
to be answered only in case of twins or triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 6 5
(Name of Month) (Day) (Year)

(8) FULL NAME

Minor Bryant

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Adams

(9) PRESENT POSTOFFICE OF FATHER

32-3d one

(15) PRESENT POSTOFFICE OF MOTHER

32-3d one

(10) COLOR OR RACE

N

(11) AGE AT LAST BIRTHDAY 35
(Years)

(16) COLOR OR RACE

N

(17) AGE AT LAST BIRTHDAY 35
(Years)

(12) BIRTHPLACE

J.C.

(18) BIRTHPLACE

J.C.

(13) OCCUPATION

Mill work

(19) OCCUPATION

Housework

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

7

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. H. P.

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

Physician Greenville

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) File Dec 1915 (28) A. H. M. 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.

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