

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Conway

OR

Inc. Town of

OR

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Evelyn Bryant

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> To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Dec 7 22</u> (Name of Month) (Day) (Year) |
|------------------------------|---|------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME H. N. Bryant(9) PRESENT POSTOFFICE OF FATHER Conway SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Horry Co(13) OCCUPATION Plumber(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Barnhill(15) PRESENT POSTOFFICE OF MOTHER Conway SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Horry Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 100 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Dusemberg(24) State whether Physician or Midwife (25) Address of Physician or Midwife Conway SC

Given name added from a supplemental report

2 - 2 - 40Martin B. Woodward, M. D.Assistant State Registrar

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

(27) Filed Dec 19 22 (28) J. D. Dusemberg
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.

WRITED 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.

RECEIVED AT COLUMBIA, COLUMBIA, S. C.