

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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Albermarle
 Township of Tilson
 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.)
 (No. St.; Ward)

(2) Full Name of Child

Bessie Bryant
 (3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4th (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Bryant
 (9) PRESENT POSTOFFICE OF FATHER Lucas St C
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
 (12) BIRTHPLACE Hampton County
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth (4) Four

MOTHER.

(14) NAME BEFORE MARRIAGE Rhonda Hogan
 (15) PRESENT POSTOFFICE OF MOTHER Lucas St C
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Hampton County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:00 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Midwife(24) State whether Physician or Midwife(25) Address of Physician or Midwife Hampton County

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 15-23

(28)

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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