CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

(1) PLACE OF BIRTH

County of _Beaufort_

Township of _Sheldon_
or
Inc. Town of...........

Registration District No. _6.03.13_

File No.—For State Registrar Only
345

Registered No. _1_
(For use of Local Registrar)

City of .... (No. .... St. .... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child _James Wait Bryant_

(3) SEX OR FIRST? _Boy_   (4) Twin or Triplet? (To be answered only in event of Twins or Triplets)   (5) Number in order of birth _2_   (6) Are Parents Married? _Yes_   (7) DATE OF BIRTH _Jan 1. 22_ (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME _Joseph Bryant_	**(14) NAME BEFORE MARRIAGE** _Rosa Lee Johnson_
(9) PRESENT POSTOFFICE OF FATHER _Sheldon_	**(15) PRESENT POSTOFFICE OF MOTHER** _Sheldon_
(10) COLOR OR RACE _Negro_ **(11) AGE AT LAST BIRTHDAY** _24_ (Years)	**(16) COLOR OR RACE** _Negro_ **(17) AGE AT LAST BIRTHDAY** _20_ (Years)
(12) BIRTHPLACE _Sheldon S.C._	**(18) BIRTHPLACE** _Sheldon_
(13) OCCUPATION _Farming_	**(19) OCCUPATION** _House work_
(20) Number of children born to this mother, including present birth _2_	**(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 _Warned alive_, at _2.a._ M. (Hour A. M. or P. M.)
on the date above stated.   (Born alive or stillborn) _Alive_

(23) (Signature) _Charlot Mil._
(24) State whether Physician or Midwife   (25) Address of Physician or Midwife

Given name added from a supplemental report	(26) Witness .... (Signature of Witness necessary only when question 23 is signed by mark)
...........19... Registrar	(27) Filed ....19... (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.