

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Beaufort</u>		STATE OF SOUTH CAROLINA		29050	
Township of <u>Hilton Head</u>		Bureau of Vital Statistics			
City of <u>Daufurkie</u>		State Board of Health			
Inc. Town of <u>Daufurkie</u>		Registration District No. <u>606</u>		Registered No. <u>13</u>	
City of <u>Island</u>		(No. St.; Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Abraham Bryan</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 12 1922</u>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Bryan</u>			(14) NAME BEFORE MARRIAGE <u>Matilda White</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Daufurkie Island</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Daufurkie Island</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(12) BIRTHPLACE <u>Daufurkie Island</u>			(18) BIRTHPLACE <u>Daufurkie Island</u>		
(13) OCCUPATION <u>Fireman at Savannah Ga U.S. Marine Station</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Marshall Bently</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Daufurkie Island</u>					
Given name added from a supplemental report			(26) Witness <u>Wagon Bryan</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>Dec 17 1922</u> (28) <u>J. W. White</u> 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.