

1. PLACE OF BIRTH
County of Charleston
Township of Rantowles
or
Inc. Town of Charleston
City of Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only
17015A

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Robert Bryan
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
St. _____ Ward _____
If child is not yet named, make supplemental report as directed.

3. Sex or Girl Boy 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimate? yes 8. Date of birth June 23, 1931
(Month, day, year)

9. Full name FATHER James Bryan

18. Full maiden name MOTHER Maggie Steplight

10. Residence (usual place of abode) Rantowles S.C.
(If non-resident, give place and State)

19. Residence (usual place of abode) Rantowles, S.C.
(If non-resident, give place and State)

11. Color or race Col. 12. Age at last birthday 39 (Years)

20. Color or race Col. 21. Age at last birthday 34 (Years)

Birthplace (city or place) Rantowles, S.C.
(State or country)

22. Birthplace (city or place) Rantowles, S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer and

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. in Service.

16. Date (month and year) last engaged in this work _____

25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____ 19. _____
26. Number of children of this mother (At time of this birth and including this child) 30 (a) Born alive and now living 6 (b) Born alive but now dead 6 (c) Stillborn _____

28. If stillborn, period of gestation _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 8 P.M. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
Give name added from a supplemental report _____ (Date of) _____
(Signed) _____ M. D.
or _____ Midwife
Address Rantowles, S.C. now dead.
Filed Sept. 26, 1931.