

## (1) PLACE OF BIRTH

County of Cosileton  
 Township of Buiston

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

45908

Registration District No. 1403 Registered No. 1  
 (For use of Local Registrar)  
 City of ..... St.; ..... Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Henry Rutledge Bryant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan. 4, 1916  
 (Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

## FATHER.

## MOTHER.

(8) FULL NAME

Gadde Bryant

(14) NAME BEFORE MARRIAGE

Annie Gantt

(9) PRESENT POSTOFFICE OF FATHER

Sodage

(15) PRESENT POSTOFFICE OF MOTHER

Sodage

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY 24  
 (Years)

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY 20  
 (Year)

(12) BIRTHPLACE

Near Sodage SC

(18) BIRTHPLACE

Sniders

(13) OCCUPATION

Farming

(19) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

One

(21) Number of children of this mother now living, including present birth

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 A.M., on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A. M. Bryant

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Sodage S.C.

Given name added from a supplemental report

(26) Witness

H. B. Caldwell

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

(27) Filed 23 1916

(28)

G. T. Polk

Local Registrar

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.

MAKING REPRODUCED FROM BIRTHING. 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. McCaw, of Columbia