

Form No. 1

(1) PLACE OF BIRTH

County of JasperTownship of Overwatch

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30784

Registration District No. 2600Registered No. 82
(For use of Local Registrar)

(No. 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 Joseph Bryan

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? No(7) DATE OF BIRTH Sept. 17, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Bryan(9) PRESENT POSTOFFICE OF FATHER Sheldon, S.C.(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 29
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jane(15) PRESENT POSTOFFICE OF MOTHER Sheldon, S.C.(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 18
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House work(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 Born alive at stillborn 2-9 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Annie Huff(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sheldon, S.C.

Given name added from a supplemental report

(26) Witness Abigail Croft

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

(27) Filed 9/22/22(28) G. C. Huff

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.

WHITED 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.
DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.