

(1) PLACE OF BIRTH

County of *Morison*Township of *Reafield*or
Inc. Town ofor
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

Registration District No. *9705*No. *44134* - For State Register OnlyRegistered No. *129*

(For use of Local Registrar)

(2) Full Name of Child

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

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|---------------------------------|---|------------------------------|--------------------------------|-------------------------------------|
| (3) SEX OF CHILD <i>Girl</i> | (4) Type of Birth <i>In utero of Twin or Triplet</i> | (5) Number in order of birth | (6) Age of Mother <i>24</i> | (7) DATE OF BIRTH <i>Dec. 11</i> |
| | | | | (8) (Name of Month) (Day) (Year) |

FATHER.

MOTHER.

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|---|---|
| (9) FULL NAME <i>W. Chapman Bryant</i> | (10) NAME BEFORE MARRIAGE <i>Omega Calhoun</i> |
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| (11) PRESENT RESIDENCE OF FATHER <i>Mullins S.P. Rte 2</i> | (12) PRESENT RESIDENCE OF MOTHER <i>Mullins S.P. Rte 2</i> |
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| | | | |
|------------------------------------|--|--------------------------------|--|
| (13) COLOR OR RACE <i>White</i> | (14) AGE AT LAST BIRTHDAY <i>26</i> | (15) COLOR OR RACE <i>W</i> | (16) AGE AT LAST BIRTHDAY <i>20</i> |
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| (17) BIRTHPLACE <i>Morison Co</i> | (18) BIRTHPLACE <i>Morison Co</i> |
|--------------------------------------|--------------------------------------|

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|----------------------------------|--------------------------------------|
| (19) OCCUPATION <i>Farmer</i> | (20) OCCUPATION <i>House wife</i> |
|----------------------------------|--------------------------------------|

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| (21) Number of children born to mother, including present birth <i>1</i> | (22) Number of children of this mother now living, including present birth <i>1</i> |
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was *born alive* at *9 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) *Frank P. Martin*

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(28) Filed *1/2/27* (29) *H.M. McPherson* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

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