

899A

Registration District No. 129

Registered No. 44  
(For use of Local Registrar)

City of ..... (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 Mary Ann Bryant If child is not yet named, make supplemental report as directed

(2) <b>DO NOT WRITE IN THESE SPACES</b>	(4) <b>Tuple or Triples</b> To be answered only in case of Tuple or Triples	(5) <b>Number in order of birth</b>	(6) <b>Is it a new record?</b> Yes	(7) <b>DATE OF BIRTH</b> Apr 26, 1923
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FATHER.		MOTHER.	
(1) FULL NAME	Julius C. Bryant	(1) NAME BEFORE MARRIAGE	Minnie Lee Crawford
(2) PRESENT RESIDENCE OF FATHER	Lebraint Mich	(2) PRESENT RESIDENCE OF MOTHER	Casham Falls S
(10) COLOR OR RACE	negro	(10) COLOR OR RACE	negro
(11) AGE AT LAST BIRTHDAY	29	(11) AGE AT LAST BIRTHDAY	25
(12) BIRTHPLACE	Ga	(12) BIRTHPLACE	S.C.
(13) OCCUPATION	Teacher	(13) OCCUPATION	Teacher

(26) Number of children born to mother, including present birth | one

(27) 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 Alissa at 9 P M.,  
on the date above stated. (Sign above signature) (Hour A.M. or P.M.)

(28) (Signature)

(24) State whether Christian or Non-Christian

(b) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness .....  
(Signature of Witness necessary only  
when question 21 is signed by mark)

(27) Filed May 9, 1928 (28) *W. C. Jones*  
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.

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