

(1) PLACE OF BIRTH

County of DarlingtonTownship of Darlington

OR

Inc. Town of

OR

City of

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

Registration District No. 1.2.0.1 Registered No. 5
(For use of Local Registrar)(2) Full Name of Child Alston Everette Bryant 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 1
To be printed only in case of Twin or Triplet(6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3, 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Elliott Bryant(9) PRESENT POSTOFFICE OF FATHER Darlington S.C. R.F.D. 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Constructing Steel Towers. Power Co.(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Edna Jordan(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C. R.F.D. 2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 11:20 A.M. on the date above stated.
(Hour A. M. or P. M.)(22) (Signature) Althelma

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

PhysicianDarlington S.C.

Given name added from a supplemental report

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

(26) Filed Feb 1, 1913 (27) Local Registrar E. E. Early

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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