

## (1) PLACE OF BIRTH

County of BarnwellTownship of W. L. Cannon

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. .... St.; .... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

63163

Registration District No. 512 Registered No. 81

(For use of Local Registrar)

(2) Full Name of Child East Bryant

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

(3) BOY OR GIRL? <u>GIRL?</u>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in case of twins or triplets</i>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>.....</u> (Name of Month) (Day) 191 <u>6</u> (Year)
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## FATHER.

(8) FULL NAME don't know

(9) PRESENT POSTOFFICE OF FATHER don't know

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY don't know (Years)

(12) BIRTHPLACE don't know

(13) OCCUPATION .....

(20) Number of children born to mother, including present birth } ..... 1 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Corah Bryant

(15) PRESENT POSTOFFICE OF MOTHER Ulmer

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Barnwell Co

(19) OCCUPATION work on farm

(21) Number of children of this mother now living, including present birth } ..... 1 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Florah Horch(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Fairfax St.

Given name added from a supplemental report

191.....

Registrar

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

(27) Filled Jan 11 1916 (28) J. C. Mays 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.

MARGIN RESERVED FOR BINDING.

WHITE PAPER. WITH ENCLAVING 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.

McLAW, of Columbia.