

## (1) PLACE OF BIRTH

County of Barnwell

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
**63168**Township of Dryden

or

Inc. Town of

or

City of

Registration District No. 512 Registered No. 81  
(For use of Local Registrar)

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

(2) Full Name of Child East Briant

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

(3) BOY OR  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth  
*To be answered only in case of twins or triplets*(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH June 11 1916  
(Name of Month) (Day) (Year)

## 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 Briant(15) PRESENT  
POSTOFFICE  
OF MOTHER Ulmiers(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  
on the date above stated. (Born alive or stillborn)(23) (Signature) Florah Horch(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Fairfax St.Given name added from a supplement  
report

191....

Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed June 11 1916(28) J. C. Mayes  
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 PLAINLY. 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.  
McGraw-Hill of Columbia