

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Beaufort</u>		STATE OF SOUTH CAROLINA		84436	
Township of <u>Sheldon</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>603B</u>		Registered No. <u>93</u>	
or				(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 <u>Ernest O 'Bryan</u>				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	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 4th 1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.		MOTHER.			
(8) FULL NAME <u>William L. O 'Bryan</u>		(14) NAME BEFORE MARRIAGE <u>Edith Proveaux</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Sheldon, S. C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Sheldon, S. C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Mueville, S. C.</u>		(18) BIRTHPLACE <u>Mueville, S. C.</u>			
(13) OCCUPATION <u>Farm Foreman</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>Three (3)</u>		(21) Number of children of this mother now living, including present birth <u>Three (3)</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>William L. O 'Bryan</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Sheldon, S. C.</u>					
Given name added from a supplemental report					
(26) Witness <u>LeRoy B. Ottaway</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>11/13</u> 19 <u>16</u> (28) <u>J. R. Ottaway</u> 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.					