

PLACE OF BIRTH

County of AutaugaMunicipality of Healeyor Town of Healeyor Healey

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

FILE No.—For State Registration Only

40409-1

Registered No. 22
(For use of Local Registrar)

(No. _____) (Sex _____) (Weight _____)

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

FULL NAME OF CHILD

Leola Lee Bryant

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

Boy or Girl <u>girl</u>	1. Physical Mark	4. Twin, triplet, or other	5. Premature	7. Age at birth	8. Date of birth
		6. Number, in order of birth	Full term	Married? <u>A</u>	<u>Dec 25</u> 19 <u>25</u> (Month, day, year)

FATHER	
Full name <u>L. S. Bryant</u>	
Residence (usual place of abode) (If non-resident, give place and State) <u>Andover</u>	
Color or race <u>White</u>	Age at last birthday <u>32</u> (Years)
Birthplace (city or place) (State or country) <u>W.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work
<u>29</u>	

MOTHER	
Full maiden name <u>Leola Caselman</u>	
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Andover</u>	
20. Color or race <u>White</u>	Age at last birthday <u>24</u> (Years)
22. Birthplace (city or place) (State or country) <u>W.C.</u>	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Domestic</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
<u>29</u>	

Number of children of this mother (At time of birth and including this child)	(a) Born alive and now living	(b) Born alive but now dead	(c) Stillborn
<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
27. Cause of stillbirth	28. Cause of stillbirth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Healey on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

My name added from supplemental report

(Date of)

(Signed) J. H. Porter M.D.or Leola Lee BryantAddress AndoverFiled Dec 25