

(2) **Place of Birth**
County of Anderson
Township of 4
or
City or Town of 4 Registration District 3
or
City or Town of 4
If birth occurs in a hospital or other institution, give name of same
(3) **Full Name of Child** Norman Bryant

(1) Sex <u>Male</u>	(2) Age <u>1</u>	(3) Single or <u>Married</u>	(4) Age <u>1</u>	(5) Sex <u>Male</u>	(6) Age <u>1</u>
FATHER			MOTHER		
(7) Full Name <u>Bill Bryant</u>			(8) Full Name <u>Lucia Sheffield</u>		
(9) Residence <u>Anderson</u>			(10) Residence <u>Anderson</u>		
(11) Color <u>White</u>			(12) Color <u>White</u>		
(13) Birthplace <u>P.R.</u>			(14) Birthplace <u>8</u>		
(15) Occupation <u>Med</u>			(16) Occupation <u>Household</u>		
(17) Number of children born to mother, including present birth <u>One</u>			(18) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(19) I hereby certify that I attended the birth of this child, who was
on the date above stated.
(20) (Signature)
(21) State whether Physician or Midwife (22) Address of Physician or Midwife

Given name added from a supplemental report
.....
Registrar
(23) Witness
(24) Signature of Registrar
(25) Signature of Physician or Midwife
(26) Address of Physician or Midwife

When there was no attending physician or midwife, then the father, householder, etc., should make a child breathe even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
When there was no attending physician or midwife, then the father, householder, etc., should make a child breathe even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.