

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4884

Registration District No. 3613 Registered No. 30
(For use of Local Registrar)(2) Full Name of Child Mr. H. Bryant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2/16/23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Herbert Bryant</u>			(14) NAME BEFORE MARRIAGE <u>Rearl Berchman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Year)	
(12) BIRTHPLACE <u>Orangeburg County</u>			(18) BIRTHPLACE <u>Orangeburg County</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at home at 7 P.M. on the date above stated.
(Sign alive and sign) (Hour A. M. or P. M.)(23) (Signature) Willie H. Hinkle(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Orangeburg, S.C.

Given name added from a supplemental report

(25) Witness M. D. Hinkle

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

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Registrar(27) Filed March 6, 1923 (28) J. T. Fanning 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 RECORD.

WRITE PLAINLY. WITH LEADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 8