

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

R. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Return to Registrar, Columbia, S. C.

(1) PLACE OF BIRTH

County of Lauderdale
Township of Winn
Inc. Town of
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 304 Registered No. 107
(For use of Local Registrar)

(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 Sam Bryant Jr

(1) SEX OF CHILD boy (2) Type or Triplet No (3) Number in order of birth 30 (4) Are Parents Married Yes (5) DATE OF BIRTH Oct 16 23
(Name of Month) (Day) (Year)

FATHER.
(6) FULL NAME Sam Bryant
(7) PRESENT RESIDENCE OF FATHER Lra
(8) COLOR OR RACE negro (9) AGE AT LAST BIRTHDAY 30
(10) BIRTHPLACE Ind 20
(11) OCCUPATION farmer
(12) Number of children born to mother, including present birth 14

MOTHER.
(13) NAME BEFORE MARRIAGE Jessie McLean
(14) PRESENT RESIDENCE OF MOTHER Lra
(15) COLOR OR RACE nc (16) AGE AT LAST BIRTHDAY 30
(17) BIRTHPLACE Lauderdale
(18) OCCUPATION Housewife
(19) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was live on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 7 A.

(21) (Signature) J. H. McLean
(22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Lra

Given name added from a supplemental report

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

(25) Date Oct 23 1923 (26) J. H. McLean 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.