

County of Allegheny
Township of Springhill
or
Inc. Town of
or
City of Camden S.C.

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

487

Registration District No. 20010

Registered No. 4
(For use of Local Registrar)

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

(2) Full Name of Child Henry James Bridson If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 9 JAN 1922
 (Name of Month) (Day) (Year)

FATHER

3) FULL NAME Oliver Brishan

9) PRESENT POSTOFFICE OF FATHER *P. G. Z. i. k.*

(10) COLOR OR RAYE *Leaf* (11) AGE AT LAST BIRTHDAY *24* *(year)*

(12) BIRTHPLACE

(13) OCCUPATION *Farming*

20) Number of children born to mother, including present birth { 2

MOTHER

(14) NAME BEFORE MARRIAGE *Ellen Buckner*

(15) PRESENT POSTOFFICE OF MOTHER *Dezi*

(16) COLOR OR RACE *Pil-* (17) AGE AT LAST BIRTHDAY.....*29*.....
(Year)

(18) BIRTHPLACE S F

(19) OCCUPATION *Housewife*

(21) Number of children of this mother
now living, including present birth.....2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Barbara A. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
al report

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

(27) Filed Ch. W. - 4.19.22 (28) Exhibit 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.