

1. PLACE OF BIRTH  
Township of Charleston

County of \_\_\_\_\_

or \_\_\_\_\_

Inc. Town of \_\_\_\_\_

or Charleston, S.C.

City of \_\_\_\_\_

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9a

(No. 85 Bay Street

FILE No.—For State Registrar Only

29206A

Registered No. 1429A  
(For use of Local Registrar)

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 Lillian Naomi Bryant

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

3. Boy or Girl  
Girl

If Plural  
births \_\_\_\_\_

4. Twin, triplet, or other \_\_\_\_\_

5. Premature \_\_\_\_\_

7. Legiti-  
mate? Yes

8. Date of birth Sept. 20, 1922

(Month, day, year)

5. Number, in order of birth \_\_\_\_\_

Full term Yes

9. Full  
name

FATHER

Alfred Jennings Bryant

18. Full  
maiden  
name

MOTHER

Mittie Varner

10. Residence (usual place of abode)  
(If nonresident, give place and State)

85 Bay St.

19. Residence (usual place of abode)  
(If nonresident, give place and State)

85 Bay St

11. Color or race White

12. Age at last birthday 23 (Years)

20. Color or race White

21. Age at last birthday 24 (Years)

13. Birthplace (city or place)

(State or country)

Summerville, S.C.

22. Birthplace (city or place)

(State or country)

Ridgeville, S.C.

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Car Shop

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.

Domestic

15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.

Railroad

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.

16. Date (month and year) last  
engaged in this work  
\*\*\*\*\*  
19\_\_

17. Total time (years)  
spent in this work \*\*\*\*\*  
19\_\_

25. Date (month and year) last  
engaged in this work  
\*\*\*\*\*  
19\_\_

26. Total time (years)  
spent in this work \*\*\*\*\*  
19\_\_

27. Number of children of this mother  
(At time of this birth and including this child)

(a) Born alive and now living 2

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

28. If stillborn,  
period of gestation \_\_\_\_\_

{ months  
weeks

29. Cause of stillbirth \_\_\_\_\_

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Born alive at 12:45 A.M. on the date above stated  
(Born alive or stillborn)

(Signed) M. J. Moore, M. D.

or Physician

Midwife

Address

Cannon St. Chas. S.C.

Filed

10/5, 1931 Len Bams

Registrar

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

Given name added from  
a supplemental report

(Date of)

Registrar