

(1) PLACE OF BIRTH

County of HorryTownship of Holcomb

or

Inc. Town of

or

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 HealthFile No.—For State Registrar Only
32856Registration District No. 2 CRegistered No. 15
(For use of Local Registrar)

St.; Ward

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

(2) Full Name of Child

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 6, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charley O'Bryant

(9) PRESENT POSTOFFICE OF FATHER

N. Augusta S C

(10) COLOR OR RACE

Blk(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE

Isa

(13) OCCUPATION

Plumber

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

11

(14) NAME BEFORE MARRIAGE

Louise Jones

(15) PRESENT POSTOFFICE OF MOTHER

N. Augusta S C

(16) COLOR OR RACE

Blk(17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE

S C

(19) OCCUPATION

House

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 3:30 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emma Thomas

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

North Augusta S C

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/1019

(28)

L. Medlock
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.