

County of Florence  
Township of North

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

No. 20985

Registration District No. 2012 Registered No. 48  
(For use of Local Registrar)  
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Thomas William Bryant If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL? <u>Boy</u>	(3) Twin or Triplet? <u>No</u>	(4) Number in order of birth <u>1</u>	(5) Are Parents Married? <u>Yes</u>	(6) DATE OF BIRTH <u>July 5 1923</u> (Name of Month) (Day) (Year)
(7) FATHER'S FULL NAME <u>J. W. Bryant</u>			(8) MOTHER'S NAME BEFORE MARRIAGE <u>Lillie Atkinson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lake City SC #1</u>			(10) PRESENT POSTOFFICE OF MOTHER <u>Lake City SC #1</u>	
(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(13) COLOR OR RACE <u>White</u> (14) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(15) BIRTHPLACE <u>La Car</u>		(16) BIRTHPLACE <u>La Car</u>		
(17) OCCUPATION <u>Farming</u>		(18) OCCUPATION <u>Domestic</u>		
(19) Number of children born to mother, including present birth <u>1</u>		(20) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 8 A. M.  
on the date above stated.

(22) (Signature) Mrs. Theda Parker

(23) State whether Physician or Midwife Midwife

(24) Address of Physician or Midwife Lake City, SC #1

(25) Witness (Signature of Witness necessary only when question 22 is signed by mother) A. Skelly

(26) Filed 7-7-1923 (27) Registrar A. Skelly

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.

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