(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or

Inc. Town of .....

or

City of ..... (No. ..... St.: ..... Ward)

(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 Health

File No.—For State Registrar Only
21231

Registration District No. 2209 Registered No. 239
(For use of Local Registrar)

(2) Full Name of Child Gladys Ellen Bryson

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 1 1920 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Alfred Bryson

(9) PRESENT POSTOFFICE OF FATHER Greenville SC

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Greenville SC

(13) OCCUPATION Textile Worker

(14) Number of children born to mother, including present birth 8

MOTHER.

(15) NAME BEFORE MARRIAGE Laura Elizabeth Roberts

(16) PRESENT POSTOFFICE OF MOTHER Home

(17) COLOR OR RACE White

(18) AGE AT LAST BIRTHDAY 30 (Years)

(19) BIRTHPLACE Abbeville Co SC

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9a (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Thomas J Benson

(24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife Box 3 Greenville

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Aug 1 33 (28) .....

*When there was no attending physician or midwife, then the ...
If a child breathes even once, it must not be reported as ...
before the birth ...