

Form No. 1

(1) PLACE OF BIRTH

County of Berkley
 Township of Cantwell
 or
 Inc. Town of.....
 or
 City of.....

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

No. 8058
 Registered No. 21
 (For use of Local Registrar)

Registration District No. 108 Registered No. 21
 (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 Robert L. Bryant If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER boy (4) Age at birth 24 (5) Number by order of birth 1 (6) Date of birth Feb 13 1923 (7) Name of Mother (Name of Mother) (Day) (Year)

FATHER: (8) FULL NAME Sam Bryant (9) PRESENT POSTOFFICE OF FATHER Cantwell Ga (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (12) BIRTHPLACE Berkley Co (13) OCCUPATION Farmer

MOTHER: (14) FULL NAME Johna Palmer (15) PRESENT POSTOFFICE OF MOTHER Cantwell Ga (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (18) BIRTHPLACE Berkley Co (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 on the date above stated. (23) Signature Heaver Howell (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cantwell Ga

(26) Name of Mother Mrs. D. W. Bryant (27) Name Feb 13 1923 (28) Name A. W. Bryant

When there is a change of name, the name of the child must be changed in the record.

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