

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of Beaufort

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 Health

File No.—For State Registrar Only

15074

Registration District No. 4467

Registered No. 130

(For use of Local Registrar)

(2) Full Name of Child

James Robert Bryson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 1 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robt Bryson

(9) PRESENT POSTOFFICE OF FATHER Clower S C

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Dorothy Quinn

(15) PRESENT POSTOFFICE OF MOTHER Clower S C

(16) COLOR OR RACE Col. d

(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Clower S C

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec 10 1915

(28)

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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia