

Form No. 3

(1) PLACE OF BIRTH

County of Laurens

Township of

or

Inc. Town of

or

City of Laurens

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Johnie Bryson(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?
No

(7) DATE OF BIRTH

Sept 30 22
(Name of Month) (Day) (Year)

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

(8) FULL NAME

Jos Pa.

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... Alma..... at B.P......
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Lion Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1077 22

(28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc. should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30937

Registration District No. 294 Registered No. 118
(For use of Local Registrar)

St.; Ward)

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In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 AND OTHER, No. 2, etc., in question 5.

Made in Columbia, S. C.