

(1) PLACE OF BIRTH

County of York
 Township of John
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 212 Registered No. 37
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jane Bryan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 1 yr (7) DATE OF BIRTH July 18, 23
 To be answered only in event of Twin or Triplet (Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas Bryan</u>	(14) NAME BEFORE MARRIAGE <u>Estell Perry</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Maebell</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Maebell</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Maebell</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(10) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)
(12) BIRTHPLACE <u>Col</u>	(15) BIRTHPLACE <u>Col</u>	(13) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>16</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Maebell

Given name added from a supplemental report

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

(27) Filed July 1923 (28) J. E. N. Gant 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.