

(1) PLACE OF BIRTH

County of

Township of

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

31737

Registration District No.

Registered No. 71
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 24, 1922

(8) FULL NAME

James O Bryant

(9) PRESENT POSTOFFICE OF FATHER

Cope SC RFD

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Orangeburg Co

(13) OCCUPATION

Housewife

MOTHER.

(14) NAME BEFORE MARRIAGE

Fanny Brunson

(15) PRESENT POSTOFFICE OF MOTHER

Cope SC RFD

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

Orangeburg Co

(19) OCCUPATION

Housewife

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

Four

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at 6:30 P.M. (Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(25) Witness

A.K. Kewerey

(26) Filed

Feb 24, 1922

(27)

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.