

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.

## (1) PLACE OF BIRTH

County of

*Charleston S.C.*

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

75998

Registration District No. *9A*Registered No. *984*

(For use of Local Registrar)

(2) Full Name of Child *Williamina Bryant* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Sept. 15, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Nelson Bryant*

(9) PRESENT POSTOFFICE OF FATHER

*Charleston S.C.*

(10) COLOR OR RACE

*Colored*(11) AGE AT LAST BIRTHDAY *36* (Years)

(12) BIRTHPLACE

*James Island S.C.*

(13) OCCUPATION

*Porter*(20) Number of children born to mother, including present birth { *11* }

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Susan Sanders*

(15) PRESENT POSTOFFICE OF MOTHER

*Charleston S.C.*

(16) COLOR OR RACE

*Colored*(17) AGE AT LAST BIRTHDAY *32* (Years)

(18) BIRTHPLACE

*James Island S.C.*

(19) OCCUPATION

*House Keeper*(21) Number of children of this mother now living, including present birth { *11* }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *11 P.M.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Ella Simmons*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Midwife**161 Spring St.*

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed *9/19/16*

(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.