

(1) PLACE OF BIRTH

County of Barnwell
 Township of Hilton Head
 or
 Loc. of Danforth
 or
Island Se.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37344

Registration District No. 606 Registered No. 17
 (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 Cornestine Bryan If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 6, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Alford Bryan

(9) PRESENT POSTOFFICE OF FATHER Danforth Island Se

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Danforth Island

(13) OCCUPATION Cook at Danforth Station

(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Pauline Williams

(15) PRESENT POSTOFFICE OF MOTHER Danforth Island Se

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Danforth Island Se

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marshall Bently (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Danforth Island Se

Given name added from a supplemental report

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

(27) Filed Nov. 13, 1922 (28) J. W. White 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.