

FORM NO. 1.

## (1) PLACE OF BIRTH

County of Florence S.C.Township of Florence S.C.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.)

(2) Full Name of Child Mrs. Elva Bryant

File No.—For State Registrar Only

42819

Registered No. 189

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>December 12</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Daura Bryant

(9) PRESENT POSTOFFICE OF FATHER Florence S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 1914 January 19 (Years) old

(12) BIRTHPLACE on R. 2, moundrow Place

(13) OCCUPATION farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Marrar Hare

(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 1914 January 19 (Years) old

(18) BIRTHPLACE North Carolina

(19) OCCUPATION farmer

(20) Number of children born to mother, including present birth bringing now 3

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 6 a M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Dora Lee Jackson

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

on R. 2, moundrow PlaceFLORENCE S.C.

Given name added from a supplemental report

(26) Witness Wally Bryant  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 1914 (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.

MARGIN RESERVED FOR BINDING.

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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia