

## (1) PLACE OF BIRTH

County of BarnwellTownship of Barnwellor  
Inc. Town of Barnwellor  
City of Barnwell

(No. ....)

(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  
**63143**Registration District No. 501 Registered No. 39

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 17 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME <u>Wm. A. Bryan</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell S.C.</u>	(12) BIRTHPLACE <u>Barnwell Co</u>
(10) COLOR OR RACE <u>White</u>	(13) OCCUPATION <u>Lawyer Marshall &amp; Farmer</u>
(20) Number of children born to mother, including present birth <u>8</u>	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Bessie Bayles</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell S.C.</u>	(18) BIRTHPLACE <u>Barnwell Co</u>
(16) COLOR OR RACE <u>White</u>	(19) OCCUPATION <u>Housewife</u>
(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Barnwell S.C. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) R. B. Marshall  
(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Barnwell S.C.

Given name added from a supplemental report

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

(27) Filed July 10 1916 (28) R. B. Marshall 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, No. 1, THE OTHER, No. 2, etc., in question 5.  
CITY OF COLUMBIA