

Form No. 3

(1) PLACE OF BIRTH

County of Ytorn
 Township of
 or
 Inc. Town of
 or
 City of #3

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42521

Registration District No. 2102 Registered No. 66
 (For use of Local Registrar)

City of (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 Paul Bryant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 4, 1924
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Bryant
 (9) PRESENT POSTOFFICE OF FATHER Ytorn S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY ? (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Bryant
 (15) PRESENT POSTOFFICE OF MOTHER Ytorn S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY ? (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Leathrine Pluse

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

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

(27) Filed Dec 19 1924 (28) Mrs. R. F. King 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.