



CERTIFICATE OF BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH
 Bureau of Vital Statistics

PLACE OF BIRTH

County Albany Co. Militia District (Number and Name) _____ State of Georgia
 City or Town Warrenton, SC Ward _____ NON-RESIDENT (Yes or No) _____
 Street and Number (No.) _____ (Street) _____

Registered No. 5687-6

2. FULL NAME OF CHILD Bryan Thomas
 (If not yet named, leave space blank)

3. SEX

Male

6. LEGITIMATE?
 (Are parents married?)

Yes

7. BORN

Albany

on 3-18-

23

1923

at

8 A

M

4 and 5. If plural birth indicate with check (✓) whether
 twin, triplet or quadruplet, also give order of birth. TWIN No. (1 or 2) 0

TRIPLET No. (1, 2 or 3) 0

QUADRUPLT No. (1, 2, 3 or 4) 0

8. FULL NAME OF FATHER

Joel B. Feagin

14. FULL MAIDEN NAME OF MOTHER
Rose Feagin

9. RESIDENCE

(P. O. Address) Warrenton, SC

15. RESIDENCE

(P. O. Address) Warrenton, SC

10. COLOR or RACE

White

11. AGE at last birthday 28 (years)

16. COLOR or RACE

White

17. AGE at last birthday 21 (years)

12. BIRTHPLACE

(P. O. Address) Albany Co., SC

18. BIRTHPLACE

(P. O. Address) Warrenton, SC

13a. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

19a. Trade, profession or particular kind of work done as housekeeper, typist, nurse, clerk, etc.

housewife

13b. Industry or business in which work is done, as cotton mill, sawmill, bank, etc.

none

19b. Industry or business in which work is done, as own home, lawyer's office, cotton mill, etc.

none

20. Number of children born alive to this mother, not counting this birth one

21. Number of children of this mother living, not counting this birth one

21a. Number of stillbirths of this mother, not counting this birth 0

(b) Was a one per cent solution of silver nitrate used in this baby's eyes as provided by law? (yes or no) yes

22. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I HEREBY CERTIFY, That I attended the birth of the above mentioned child who was born as stated in item (7).

MIDWIFE

PHYSICIAN

(Signed) _____ Midwife

(Signed) Phyllis M. Woodward M.D.

(Address) _____

(Address) Warrenton, SC

Date _____ 19____

Date 3-20-23 19____

(Given name of child added from a supplemental report)

FILED. Date _____ 19____

Date _____ 19____

(Signed) _____ (Local Registrar)

(Signed) M. B. Woodward M.D. (Registrar)