

## (1) PLACE OF BIRTH

County of DorchesterTownship of Koger

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

64138

Registration District No. 1705 Registered No. 38  
(For use of Local Registrar)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. Willey Bryant { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>one</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>10</u>	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>June 18, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Joe Bryant(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Dorchester Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 6 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Brothers(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Dorchester Co. S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth { 5 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at June 18, 1916 10 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marquie Bryant(24) State whether Physician or Midwife (25) Address of Physician or Midwife mark

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness J. H. Hill  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 26, 1916 (28) L. M. Heaton  
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.

MARK IN REVERSE OF THIS PRINTING 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.  
 McCaw of Columbia.