

Form No. 8

(1) PLACE OF BIRTH

County of AikenTownship of Sleepy Hollow

Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 212

FILE NO. For State Registrar Only

12643Registered No. 12

(For use of Local Registrar.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child David Bryant Jr. (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 May 5 1923 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>David Bryant</u>	(14) NAME BEFORE MARRIAGE	<u>Fairy Bell Jackson</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Hawthorne Po.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Hawthorne Po.</u>
(10) COLOR OR RACE	<u>col</u>	(16) COLOR OR RACE	<u>col</u>
(11) AGE AT LAST BIRTHDAY	<u>40</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>25</u> (Years)
(12) BIRTHPLACE	<u>Aiken Co</u>	(18) BIRTHPLACE	<u>Aiken Co</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>House wife</u>
(20) Number of children born to mother, including present birth	<u>6</u>	(21) Number of children of this mother now living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 PM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Oakman(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hawthorne

Given name added from a supplemental report

(26) Witness _____

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

(27) Filed 5/12 1923 (28) S. J. Owens 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.