

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

12643

County of AikenTownship of Sleepy Hollow

or

Inc. Town of _____

or

City of _____

Registration District No. 212Registered No. 12

(For use of Local Registrar.)

(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

David Bryant Jr.

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH May 3, 1923

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME

David Bryant

(14) NAME BEFORE MARRIAGE

Fairy Bell Jackson

(9) PRESENT POSTOFFICE OF FATHER

Hawthorne Po

(15) PRESENT POSTOFFICE OF MOTHER

Hawthorne Po

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

40
(Years)

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Aiken Co

(18) BIRTHPLACE

Aiken Co

(13) OCCUPATION

Farmer

(19) OCCUPATION

House wife

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

6

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. 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 _____)

(27) Filed 5/23

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.