

Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

or

City of Sumter

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30304

Registration District No. 41aRegistered No. 167
(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 Frank Bryan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet
To be answered only in event of Twin or Triplet(5) Number in order of birth 10(6) Are Parents Married yes(7) DATE OF BIRTH Apr 23, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. A. Bryan

(9) PRESENT POSTOFFICE OF FATHER

Sumter SC.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 2
(Year)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Merchant

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Katy Moore

(15) PRESENT POSTOFFICE OF MOTHER

Sumter SC.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 26
(Year)

(18) BIRTHPLACE

SC.

(19) OCCUPATION

Domestic

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 1 P. M. on the date above stated. (Hour A. M. or P. M.)(24) (Signature) Matthew T. H.(25) State whether Physician or Midwife (26) Address of Physician or Midwife Sumter SC.

Given name added from a supplemental report

(28) Witness

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

(27) Filed

Oct-15-1923

(29)

Q. O. Branning

Local Registrar.

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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.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 1.
Bureau of Statistics, Columbia, S. C.