CERTIFICATE OF BIRTH

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

File No.—Fo. State Registrar Only
18671

(1) PLACE OF BIRTH
County of Georgetown
Township of Georgetown
or
Inc. Town of Georgetown
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. ..... St.; ..... Ward)

Registration District No. 7-1-A Registered No. 29
(For use of Local Registrar)

(2) Full Name of Child Julius Francis Edwards Bryant
(If child not yet named, make supplemental report when named)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	May 2, 1922

FATHER

(8) FULL NAME Nicholas Louis Mayrant
(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Georgetown S.C.
(13) OCCUPATION Janitor
(22) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Julia R Bryant
(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Georgetown S.C.
(19) OCCUPATION Housekeeper
(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 born alive at 1:10 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary B McDowell
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
....., 19 ....
Registrar

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

(27) Filed May 22 1922 (28) Mrs R. T. Ing
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.

N. B.—In case of twins, triplets, etc., the name of each child must be written in a separate column. Write plainly, with pen and ink. Use no abbreviations. Fill in all blanks, and mark those for which there is no information with a dash (—). Make certificate for each child as soon as possible after birth. Do not fold. Use typewriter if possible.

McCAW OF COLUMBIA, COLUMBIA, S. C.