

(1) PLACE OF BIRTH

County of Marion

Township of

or Inc. Town of Marion

or City of

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

(2) Full Name of Child Rylan Paul Bryant if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet? X(5) Number in order of birth X

To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan. 29 1922
(Name of Month/ (Day) (Year))

FATHER.

(8) FULL NAME

Rylan Paul Bryant

(9) PRESENT POSTOFFICE OF FATHER

Marion S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

Duplin Co. U.C.

(13) OCCUPATION

Saw Liler

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Eda Jenkins

(15) PRESENT POSTOFFICE OF MOTHER

Marion S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE

Fair Bluff N.C.

(19) OCCUPATION

Housewife

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:40 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

Marion Deble

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Marion S.C.

Given name added from a supplemental report

(26) Witness

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

May 10 1922

(27) Filed

10

(28)

Lena Montgomery
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.