

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

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

Baby Wm. Jennings Bryan Jr.

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

(3) BOY OR

(4) Twin

or Triplet?

(5) Number in

order of birth

(6) Are

Parents

Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

Wm. Jennings Bryan

(9) PRESENT

POSTOFFICE

OF FATHER

124 Williman St.

(10) COLOR

OR

RACE

W.

(11) AGE AT LAST

BIRTHDAY

(Years)

22

(12) BIRTHPLACE

(13) OCCUPATION

Clerk. at Standard Oil Co.

(14) Number of children born to

mother, including present birth

{...1...}

MOTHER.

(14) NAME BEFORE

MARRIAGE

Lois Allim O'Neil

(15) PRESENT

POSTOFFICE

OF MOTHER

124 Williman St.

(16) COLOR

OR

RACE

W.

(17) AGE AT LAST

BIRTHDAY

(Years)

18

(18) BIRTHPLACE

Early County Georgia

(19) OCCUPATION

Domestic

(20) Number of children of this mother

now living, including present birth

{...1...}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 140 a.m. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

(Signature of Witness necessary only when question 22 is signed by father.)

(27) Date

(28) Local Registrar

Given name added from a supplemental report

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191...

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the ninth month of pregnancy.