

(1) PLACE OF BIRTH

County of AndersonTownship of Brushy Forkor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

37135

Registration District No. 3.02 Registered No. 11.1
(For use of Local Registrar)

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

(2) Full Name of Child Charlton Simon Bryant If child is not yet named, make supplemental report as directedBOY OR GIRL
Boy

(4) Twin or Triplet?

(5) Number in order of birth 8(6) Are Parents Married? yes(7) DATE OF BIRTH Nov 11
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Simon BryantPRESENT POSTOFFICE OF FATHER Brushy ForkCOLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Years)BIRTHPLACE AndersonOCCUPATION FarmerNumber of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Adelaide Jones(15) PRESENT POSTOFFICE OF MOTHER Brushy Fork(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 44
(Years)(18) BIRTHPLACE Anderson(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 a. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. A. Triplett(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Brushy Fork Brushy Fork

Name added from a supplemental report

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

(27) Filed Nov 15 1922 (28) J. R. Watson
Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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