

(1) PLACE OF BIRTH

County of AbbevilleTownship of Summitor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

6208

Registration District No. 104 Registered No. 9

(For use of Local Registrar)

2) Full Name of Child Harold { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 16 1922</u> (Name of Month) (Day) (Year)
-----------------------------	----------------------	---------------------------------------	-------------------------------------	----------------------------------------------------------------------

FATHER.

(8) FULL NAME Harold O. Bryant(9) PRESENT POSTOFFICE OF FATHER Level Land(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(10) Number of children born to mother, including present birth { 5 }

MOTHER.

(14) NAME BEFORE MARRIAGE Wick Bond(15) PRESENT POSTOFFICE OF MOTHER Level Land(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth { 5 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive 8 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Humphreys(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wetzelville

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed April 2 1923 (28) J. H. Brasler Local Registrar

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

Only

Ward)

make

lected

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....