

(1) PLACE OF BIRTH

County of Anderson
Township of Bellton S.C.
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

Birth-For Use by Registrar
215

Registration District No. 300 Registered No. 11
(For use of Local Registrar)

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

(2) Full Name of Child Marion Edwin Bryant If child is not yet named, make supplemental report as directed

(3) SEX OR Boy (4) Type Yes (5) Number in Yes (6) DATE OF Jan 29 1928
BIRTH (7) TIME OF BIRTH (8) PLACE OF BIRTH

FATHER: (9) NAME Washburn Bryant (10) NAME BEFORE MARRIAGE Frederick Elliman
(11) PRESENT RESIDENCE OF FATHER Bellton S.C. (12) PRESENT RESIDENCE OF MOTHER Bellton S.C.
(13) COLOR White (14) AGE AT LAST BIRTHDAY 43 (15) COLOR White (16) AGE AT LAST BIRTHDAY 49
(17) BIRTHPLACE Anderson Co. (18) BIRTHPLACE Anderson Co.
(19) OCCUPATION Farmer (20) OCCUPATION Housewife
(21) Number of children born to mother, including present birth Five (22) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was at 5 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Thos. Russell McCall (25) Address of Physician or Midwife Bellton S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) Dated Feb 2 1928 (28) Local Registrar J. O. Ash

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.

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