

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

(City of Greenville)

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

(2) Full Name of Child

James Anthony Bryson

File No.—For State Registrar Only

3040

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22ARegistered No. 56
(For use of Local Registrar)

St.: Ward)

3. BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH

22, 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

S. C. Bryson

(9) PRESENT POSTOFFICE OF FATHER

Greenville SC

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Ala

(13) OCCUPATION

Shoe Repairing

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Gilbert

(15) PRESENT POSTOFFICE OF MOTHER

Greenville SC

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Wife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 13, 1923

(28)

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.

Before the 25th month of pregnancy