

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia.

(1) PLACE OF BIRTH

County of Crawford  
 Township of Haley Hill

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

74229

Inc. Town of ..... Registration District No. 3609 ... Registered No. 152 .....  
 (For use of Local Registrar)  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>7, 10, 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Arthur Bryant

(9) PRESENT POSTOFFICE OF FATHER Haley Hill

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } ..... 7 .....

MOTHER.

(14) NAME BEFORE MARRIAGE Theodora Swatman

(15) PRESENT POSTOFFICE OF MOTHER Haley Hill

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE P.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth } ..... 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born ..... at ..... 8 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Peter F. Green, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness Earl W. May  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 8-20 1914 (28) J. J. May  
 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.