

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

12028

County of SpauldingTownship of Beckham

or

Inc. Town of .....

or

City of .....

Registration District No. 2000 Registered No. 11

(For use of Local Registrar)

(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 Thelma Luise Bryant If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 2 23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Elie Bryant(9) PRESENT POSTOFFICE OF FATHER Tinecayon S(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE W. S.(13) OCCUPATION Printer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Flavence Burger(15) PRESENT POSTOFFICE OF MOTHER Tinecayon S(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Spaulding Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) S. S. S. S.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Tinecayon S

Given name added from a supplemental report

(25) Witness .....

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed Mar 23 19 (27) 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.