

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.

Order of Registrar, Columbia, S. C.

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia
 Inc. Town of.....
 City of.....

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

Registration District No. 3815 Registered No. 295
 (For use of Local Registrar)
 (No. Arch St.; Ward)

(2) Full Name of Child Samuel Bryant

(a) SEX OR CHILD boy (b) Type or Triplet X (c) Number in order of birth 1 (d) Age at birth 10 (e) DATE OF BIRTH Dec 27 1923
 To be answered only in case of Triplet or Triplet (Date of Birth) (Day) (Year)

FATHER.

(1) FULL NAME William Bryant
 (2) PRESENT POSTOFFICE OF FATHER Columbia
 (3) COLOR OR RACE B (4) AGE AT LAST BIRTHDAY 32
 (5) BIRTHPLACE Richland
 (6) OCCUPATION Public work
 (7) Number of children born to mother, including present birth 4

MOTHER.

(8) NAME BEFORE MARRIAGE Sila K. B. B.
 (9) PRESENT POSTOFFICE OF MOTHER Columbia
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 33
 (12) BIRTHPLACE Richland
 (13) OCCUPATION Washing
 (14) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was..... Alive..... at..... 7 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(16) (Signature) Manuel Myers
 (17) State whether Physician or Midwife Midwife (18) Address of Physician or Midwife Columbia, S. C.

Given name added from a supplemental report

(19) Witness (Signature of Witness necessary only when question 15 is signed by mark)

(20) Filed Dec 23 1923 (21) G. J. Seaton 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.

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