

(1) PLACE OF BIRTH

County of allendale
 Township of Wilson
 or
 Inc. Town of
 or
 City of Wilson

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20781

Registration District No. 405 Registered No. 26
 (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 Mary Jane Bryant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 16th 1922
 (Same of Month) (Day) (Year)

FATHER
 (8) FULL NAME Tommy Bryant
 (9) PRESENT POSTOFFICE OF FATHER Luray
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
 (Years)
 (12) BIRTHPLACE Luray SC
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Ollie Bryant
 (15) PRESENT POSTOFFICE OF MOTHER Luray RFD
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
 (Years)
 (18) BIRTHPLACE Luray SC
 (19) OCCUPATION Farmer's wife
 (20) Number of children born to mother, including present birth four
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:00 AM.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Mitchell Midwife
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Luray SC

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by Mark)

(27) Filed Aug 9 1922 (28) St. Rame
 Registrar 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.

WHEN PLACED IN THIS SPACE, 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.