

FORM NO. 2

(1) PLACE OF BIRTH

County of Sumter

Township of

or

Inc. Town of

or

City of Sumter

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

57726

Registration District No. 414 Registered No. 67
(For use of Local Registrar)

(2) Full Name of Child Andrew Bryan } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 30 1916
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME John S. Bryan

(9) PRESENT POSTOFFICE OF FATHER Sumter SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 6

MOTHER. (14) NAME BEFORE MARRIAGE Natalie Moore

(15) PRESENT POSTOFFICE OF MOTHER Sumter SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE SC

(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 alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

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

(27) Filed May 1 1916 (28) [Signature] 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.

K O D A K