

## (1) PLACE OF BIRTH.

County of Williamsburg  
 Township of Kingstree  
 or  
 Inc. Town of Kingstree  
 or  
 City of S.C.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32585

Registration District No. 4.3.A. Registered No. 4.6.  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. North Academy St.; Ward)

(2) Full Name of Child John De Saumier O'Bryan, Jr. 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5.4.11  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John De Saumier O'Bryan, Jr.(9) PRESENT POSTOFFICE OF FATHER Kingstree, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32  
 (Year)(12) BIRTHPLACE Williamsburg County, S.C.(13) OCCUPATION Lawyer(20) Number of children born to mother, including present birth 2 by first marriage  
2 by present

## MOTHER.

(14) NAME BEFORE MARRIAGE Marion Gelland(15) PRESENT POSTOFFICE OF MOTHER Kingstree, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32  
 (Year)(18) BIRTHPLACE Kingstree, S.C.(19) OCCUPATION none(21) Number of children of this mother now living, including present birth 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

W. G. Gamble, (23) (Signature)  
M. D., was the Physician (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Kingstree, S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 7. 1922 (28) J. L. McEachern  
 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.

FILED—BORN, S.C. 1. WITH OTHER, No. 2, etc., in question 5.  
 N. S. OF COLUMBIA, COLUMBIA S. C.