

(1) PLACE OF BIRTH

County **SUMTER, S. C.**

Township of

or Town of

City of **SUMTER, S. C.**

(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

No. **41-3713**
44824

Registration District **41-A**

Registered No. **59**
(For use of Local Registrar)

(2) Full Name of Child **Louis Bayou**

If child is not yet named, make supplemental report as directed

3) **BOY OR GIRL** *girl* 4) **Type or Triple** 5) **Number in order of birth** 6) **Sex** *girl* 7) **Date of Birth** *Mar 27 1924*
To be answered only in case of Twins or Triplets
(Month) (Day) (Year)

FATHER.

8) **FULL NAME** *George Bryan*
9) **PRESENT POSTOFFICE OF FATHER** *Sumter S.C.*
10) **COLOR OR RACE** *Black* (11) **AGE AT LAST BIRTHDAY** *23*
12) **BIRTHPLACE** *Orangeburg Co S.C.*
13) **OCCUPATION** *Labor Saw mill*
20) **Number of children born to mother, including present birth** *2*

MOTHER.

14) **NAME BEFORE MARRIAGE** *Anna Swan*
15) **PRESENT POSTOFFICE OF MOTHER** *Sumter S.C.*
16) **COLOR OR RACE** *Black* (17) **AGE AT LAST BIRTHDAY** *20*
18) **BIRTHPLACE** *Orangeburg Co S.C.*
19) **OCCUPATION** *House work*
(21) **Number of children of this mother now living, including present birth** *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *White* at *4 P* M.
on the date above stated. (Born alive or stillborn: (Hour) M. or P. M.)

(23) (Signature) *Ella Williams*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Orangeburg S.C.*

Given name added from a supplemental report

(26) Witness *H. C. Brown*
(signature of witness necessary only when question 23 is signed by mark)

(27) **FILED** *MAR 20 1924* (28) *H. C. Brown* 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.

Registrar *[Signature]* Local Registrar

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MAIN PART RESERVED FOR BIRTHS. THIS IS A PERMANENT RECORD. WRITE PLAINLY. WITH USING INK. SEPARATE BLANKS FOR EACH CHILD. IN CASE OF TWINS OR TRIPLETS, NO. 2, etc., IN QUESTION 1. FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., IN QUESTION 2. RECORD OF COLUMBIA, COLUMBIA, S. C.