

MAINTAIN SEPARATE FROM BIRTHING. WRITE PLAINLY. WITH UNIFORMS AND—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS NO. 2, SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County **SUMTER, S.C.**

Township of .....

Inc. 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

41-A-59  
44824

Registration District **41-A**

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

(2) Full Name of Child

**Louis Bayan**

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

(3) BOY OR GIRL **girl** (4) Type or Tissue ☒ (5) Number in order of birth ☒ (6) Sex **female** (7) Date of Birth **Feb 27, 33**  
(House of 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**  
(14) Number of children born to mother, including present birth **2**

**MOTHER.**

(15) NAME BEFORE MARRIAGE **Anna Swan**  
(16) PRESENT POSTOFFICE OF MOTHER **Sumter S.C.**  
(17) AGE AT LAST BIRTHDAY **20**  
(18) COLOR OR RACE **Black** (19) BIRTHPLACE **Orangeburg Co S.C.**  
(20) 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 **Alive** 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 **L. C. Brown** (Signature of Witness necessary only when question 23 is signed by mark.)  
(27) Date **MAR 20 1924** (28) Local Registrar **E. Brown**

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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