

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
Township of Fishersville
or
Inc. Town of.....
or
City of.....

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

(2) Full Name of Child Smiley Bryant

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 9 15 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wilbur Bryant
(9) PRESENT POSTOFFICE OF FATHER Branchville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children bo. to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Lilla Beckley
(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ann Stokes Smoot
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Smoots 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 9 12 22 (28) X C Smoot
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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
28900

Registration District No. 402 Registered No. 58
(For use of Local Registrar)

(No. St.; Ward)