

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

32763

Registration District No. 4407Registered No. 821
(For use of Local Registrar)

(2) Full Name of Child James Rosemond Bryan (No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male

(4) Twin or Triplet?

(5) Number in order of birth 11(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Rose Bryan(9) PRESENT POSTOFFICE OF FATHER York & 1 SC.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Hill(15) PRESENT POSTOFFICE OF MOTHER York & 1 SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years)(18) BIRTHPLACE Lincoln N. C.(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 11

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 7 or P. M.)

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mary Brown | Felbert S. C.

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Oct 1 1922 (28) Felbert 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.

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