

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Christ Church
 or
 Inc. Town of 15th Mile
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27533

Registration District No. 901Registered No. 111
(For use of Local Registrar)

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

(2) Full Name of Child Josephine Bryant

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

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 3, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph H. Bryant
 (9) PRESENT POSTOFFICE OF FATHER 15th mile Mt. Pleasant S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
 (Year)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Harmer

(20) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Hardenas Mitchell

(15) PRESENT POSTOFFICE OF MOTHER 15th mile Mt. Pleasant S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19
 (Year)

(18) BIRTHPLACE Pineblow S.C.

(19) OCCUPATION Home work

(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henry H. Bryant

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 15th mile Mt. Pleasant S.C.

Given name added from a supplemental report

(26) Witness Joseph H. Bryant
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 12, 1923 (28) J. H. Bryant
 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.

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 1.

Bureau of Columbia, Columbia, S. C.