

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.

(1) PLACE OF BIRTH

County of Spartanburg
Township of "
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.)

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

No. 26156—For State Register Only

Registration District No. 40—A Registered No. 330.....
(For use of Local Registrar)
(No. 124 Crescent St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Elaine D. Bryant

(3) SEX OR CHILD	(4) Type or Triplet	(5) Number in order of birth	(6) Is born	(7) DATE OF BIRTH
	To be answered only in case of Triplet or Triplet	<u>6</u>	<u>yes</u>	<u>July 31, 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>B. Francis Bryant</u>			(9) NAME BEFORE MARRIAGE <u>Elizabeth Mahoy</u>	
(10) PRESENT RESIDENCE OF FATHER <u>Spartanburg, S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Spartanburg, S.C.</u>	
(12) COLOR OR HAIR <u>White</u>			(13) COLOR OR HAIR <u>White</u>	
(14) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(15) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(16) BIRTHPLACE <u>Union, S.C.</u>			(17) BIRTHPLACE <u>Union, S.C.</u>	
(18) OCCUPATION <u>Textile Mill</u>			(19) OCCUPATION <u>at Home</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	
<u>6</u>			<u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John D. Coker
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplement-
al report

Janie Fairway
Nov. 19, 1923

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

(27) Filed 9-1-23 (28) John D. Coker
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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