

Form No. 8

## (1) PLACE OF BIRTH

County of AlleghenyTownship of AlleghenyInc. Town of AlleghenyCity of Allegheny

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3861Registration District No. 1606 Registered No. 9

(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 Joe Bryant Jr

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

(1) SEX OF CHILD Boy (2) Type of Birth Normal (3) Number in order of birth 1 (4) Age of Child 1 (5) DATE OF BIRTH 1-12-23(6) FULL NAME OF FATHER Joe Bryant (7) FULL NAME OF MOTHER Esther Bryant(8) PRESENT POSTOFFICE OF FATHER Allegheny (9) PRESENT POSTOFFICE OF MOTHER Allegheny(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 25(14) BIRTHPLACE Allegheny, Pa. (15) BIRTHPLACE Allegheny, Pa.(16) OCCUPATION Carver (17) OCCUPATION Wife(18) Number of children born to mother, including present birth 1 (19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (21) (Signature) Dr. J. H. M.(22) State whether Physician or Midwife (23) Address of Physician or Midwife Allegheny, Pa.

(24) Name added from a supplemental report

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

(26) Date 2/27-23 (27) Local Registrar W. J. Brown

If there was no attending physician or midwife, the father, mother, etc., should make this return. If a child practices even once, it must be reported as such. This report is subject to audit.