

(1) PLACE OF BIRTH

County of Anderson
 Township of Martin
 (or 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

12849

Registration District No. 309 Registered No. 20
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frances Bryant If child is not yet named, make supplemental report as directed

(3) SEX-ON GIRL? girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 21, 1923
 (Name of day) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Bryant
 (9) PRESENT POSTOFFICE OF FATHER Anderson R#8
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Wilson
 (15) PRESENT POSTOFFICE OF MOTHER Anderson R#8
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION House wife
 (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 10:24 a.m.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) J. C. Mendenhall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson - 8

Given name added from a supplement-
 (al) report

(26) Witness

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

June 20, 1923 (27) R. P. Robinson
 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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