

(1) PLACE OF BIRTH

County of Richland
 Township of Low
 or
 Inc. Town of
 or
 City of Eastover

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

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

Registration District No. 3803

File No.—For State Registrar Only

16551

Registered No. 114
 (For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 11, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chauland Byrd
 (9) PRESENT POSTOFFICE OF FATHER Eastover
 (10) COLOR OR RACE Colard (11) AGE AT LAST BIRTHDAY 25
 (Year)
 (12) BIRTHPLACE Eastover
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Cunningham
 (15) PRESENT POSTOFFICE OF MOTHER Eastover
 (16) COLOR OR RACE Colard (17) AGE AT LAST BIRTHDAY 24
 (Year)
 (18) BIRTHPLACE Eastover
 (19) OCCUPATION House Work
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White May 11, 1922 7 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Jackson(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5/20/22

(28)

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.