

Form No. 1

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Fishers  
 or  
 Inc. 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

37259

Registration District No. 402 Registered No. 70  
 (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 Rita Byrd (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 11 16 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Allen Byrd  
 (9) PRESENT POSTOFFICE OF FATHER Branchville S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36  
 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Merchant  
 (20) Number of children born to mother, including present birth: 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Warren  
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (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 alive at 5 P. M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Sarah Jones Midwife(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Branchville

Given name added from a supplemental report

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/5 1922 (28) J. C. Jones 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.