

(1) PLACE OF BIRTH

County of

Township of

OR
Inc. Town ofOR
City of Charleston

(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

File No. — For State Register Only
41333

Registration District No. 9-A Registered No. 1997

(For use of Local Registrar)

2) Full Name of Child Nathan Book Byrd, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Dec 21</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER

(8) FULL NAME Nathan Book Byrd(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 2
(Years)(12) BIRTHPLACE Bennettsville, S.C.(13) OCCUPATION Sup't of C. & A.(14) Number of children born to mother, including present birth Three

MOTHER

(14) NAME BEFORE MARRIAGE Alma Hines(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Fairbluff, N.C.(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(22) (Signature) [Signature] (Hour A. M. or P. M.) 4:00 P.M.(23) Name of Physician or Midwife [Signature] Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

(24) Signature of Witness [Signature] when question 24 is stated