

(1) PLACE OF BIRTH

County of Fairfield

Township of 13

Inc. Town of .....

City of .....

(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 Registrar Only

48978

Registration District No. 1912 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Hazel Byrd } If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? ye (7) DATE OF BIRTH Jan 5 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hazel Byrd

(9) PRESENT POSTOFFICE OF FATHER Smother

(10) COLOR negro (11) AGE AT LAST BIRTHDAY 35  
OR RACE (Years)

(12) BIRTHPLACE Fairfield Co,

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Judy Cunn

(15) PRESENT POSTOFFICE OF MOTHER Smother

(16) COLOR negro (17) AGE AT LAST BIRTHDAY 30  
OR RACE (Years)

(18) BIRTHPLACE Fairfield Co

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Sue Douglas

(24) State whether Physician or 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 Feb 15 1916 (28) W. E. Williams Local Registrar

\*In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

\*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.