

FORM NO. 1.

(1) PLACE OF BIRTH

County of FairfieldTownship 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. 192 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Haze 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?	(7) DATE OF BIRTH
			<u>ye</u>	<u>Jan 5 1916</u>
				(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Haze Byrd</u>	(14) NAME BEFORE MARRIAGE	<u>Judy Carr</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Shrother</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Shrother</u>
(10) COLOR <u>negro</u> OR RACE	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR <u>negro</u> OR RACE	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE	<u>Fairfield Co.</u>	(18) BIRTHPLACE	<u>Fairfield Co.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Farmer</u>
(20) Number of children born to mother, including present birth	<u>6</u>	(21) Number of children of this mother now living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:15 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James 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

*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.

NOTE.—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