

Form 5-6

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Richland  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Columbia (No. 123 Summit St.; ..... Ward)  
 (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  
23627

Registration District No. 38 Registered No. 1570  
 (For use of Local Registrar)

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

**(3) BOY OR GIRL?** ..... **(4) Twin or Triplet?** ..... **(5) Number in order of birth** ..... **(6) Are Parents Married?** Yes **(7) DATE OF BIRTH** 10 20 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

**(8) FULL NAME** Fred Byrd  
**(9) PRESENT POSTOFFICE OF FATHER** Columbia  
**(10) COLOR OR RACE** White **(11) AGE AT LAST BIRTHDAY** 26 (Years)  
**(12) BIRTHPLACE** Hickory  
**(13) OCCUPATION** Day Labor

**(20) Number of children born to mother, including present birth** 1

**MOTHER.**

**(14) NAME BEFORE MARRIAGE** Francis Beard  
**(15) PRESENT POSTOFFICE OF MOTHER** Columbia  
**(16) COLOR OR RACE** White **(17) AGE AT LAST BIRTHDAY** 23 (Years)  
**(18) BIRTHPLACE** Chester  
**(19) OCCUPATION** .....  
**(21) Number of children of this mother new living, including present birth** 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

**(23) (Signature)** L. C. ...  
**(24) State whether Physician or Midwife** Physician **(25) Address of Physician or Midwife** 1326 Blossom

Given name added from a supplemental report

**(26) Witness** W. H. ... (Signature of Witness necessary only when question 23 is signed by mark)  
**(27) Filed** 8-3 1922 **(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.

IF A CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN BEFORE THE FIFTH MONTH OF PREGNANCY.