

Form No. 1.

(1) PLACE OF BIRTH

County of *Millamish*

Township of *Rutten*

or  
Inc. Town of  
or

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

79724

Registration District No. *451*

Registered No. *28*

(For use of Local Registrar)

St. *28* Ward

(2) Full Name of Child. *Milliam Bay Byrdie* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH *Aug. 31, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Mr Daniel Byrdie*

(9) PRESENT POSTOFFICE OF FATHER *Rutten*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *37* (Years)

(12) BIRTHPLACE *Sutten*

(13) OCCUPATION *Farmer*

(14) Number of children born to mother, including present birth *9*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lordina Pessie*

(15) PRESENT POSTOFFICE OF MOTHER *Sutten*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *73* (Years)

(18) BIRTHPLACE *Georgia Co*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *7 P* M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *M. D. Ricks*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Lanes*

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Sept 6, 1916* (28) *R. P. Phinault* 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.