

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.

Form No. 1

(1) PLACE OF BIRTH

County of Zanfu

Township of .....

OR

Inc. Town of No. 1

OR

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34278

Registration District No. 190.1

Registered No. 59

(For use of Local Registrar)

(No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thermaine 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?

(7) DATE OF BIRTH

Sept. 12, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Byrd

(9) PRESENT POSTOFFICE OF FATHER

Woodward

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm work

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Byrd

(15) PRESENT POSTOFFICE OF MOTHER

Woodward

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm work

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dolly Coleman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Woodward

Given name added from a supplemental report

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

(27) Filed Sept. 15, 1922 (28) W. C. Blaine 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.