

## (1) PLACE OF BIRTH

County of WilmingdonTownship of Society Hillor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1006

Registration District No. 1510 Registered No. 10  
(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 Helen Byrd If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 20 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jul 30, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Byrd (14) NAME BEFORE MARRIAGE Bertha Byrd(9) PRESENT POSTOFFICE OF FATHER Society Hill (15) PRESENT POSTOFFICE OF MOTHER Society Hill(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (12) BIRTHPLACE S.C. (13) OCCUPATION Farmer(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (18) BIRTHPLACE S.C. (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now 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 Born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

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

(27) Filed Jul 3, 1922 (28) Wilmington 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.