

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of Low

City of Eastover

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

(2) Full Name of Child

Charlie E. Byrd

File No.—For State Registrar Only  
**22430**

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 8808

Registered No. 212  
(For use of Local Registrar)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

1

(5) Number in order of birth

5

(6) Are Parents Married

yes

(7) DATE OF BIRTH

July 13, 1923  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Gabriel Byrd

(9) PRESENT POSTOFFICE OF FATHER

Eastover R. 2 B. 66

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

41  
(Years)

(12) BIRTHPLACE

Eastover S.C.

(13) OCCUPATION

Farming

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

6

MOTHER

(14) NAME BEFORE MARRIAGE

Mancy Dessaul

(15) PRESENT POSTOFFICE OF MOTHER

Eastover R. 2 B. 66

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

34  
(Years)

(18) BIRTHPLACE

Eastover S.C.

(19) OCCUPATION

House work

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Alive at 4 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Millie Jackson

(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

7/13/23

(28)

W. H. Ferguson  
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.