

(1) PLACE OF BIRTH

County of Lherokee
 Township of St. Stephensville
 or
 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

3567

Registration District No. 1001..... Registered No. 10.....
 (For use of Local Registrar)

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

(2) Full Name of Child Mary Florence Byars

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 19 22
 (Name of Month) (Day) (Year)

FATHER:

(8) FULL NAME Joe J. Byars
 (9) PRESENT POSTOFFICE OF FATHER Haffney S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Yrs)
 (12) BIRTHPLACE Lherokee
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5

MOTHER:

(14) NAME BEFORE MARRIAGE Gertrude Floyd
 (15) PRESENT POSTOFFICE OF MOTHER Haffney S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Yrs)
 (18) BIRTHPLACE Lherokee
 (19) OCCUPATION House Keeping
 (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 3:10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary R. Floyd
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Mary R. Floyd M.D. Haffney S.C.

Given name added from a supplemental report

(26) Witnesses Joe J. Byars
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 1 1922 (28) M. B. Harris 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.

WITH ENLARGING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.