

(1) PLACE OF BIRTH
 County of Flourance
 Township of Watts
 or
 Inc. Town of
 or
 City of (No.) St.; Ward
 (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
72779

Registration District No. 220 Registered No. 69
 (For use of Local Registrar)

(2) Full Name of Child Francis Clavice Byrd } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>one</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August 7, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Benjamin P. Byrd

(9) PRESENT POSTOFFICE OF FATHER Sheronton, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Washington Co.

(13) OCCUPATION Farmer.

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

MOTHER.

(14) NAME BEFORE MARRIAGE James Lemparker

(15) PRESENT POSTOFFICE OF MOTHER Sheronton, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Flourance Co.

(19) OCCUPATION House work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour) (A. M. or P. M.)

(23) (Signature) A. C. Floyd, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 191..... (28) A. Skelly 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.