

(1) PLACE OF BIRTH

County of UnionTownship of Mountainor
Inc. Town ofor
City of

(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

92134

Registration District No. 4205 Registered No. 99
(For use of Local Registrar)(2) Full Name of Child Avery Eugene Byrd { If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in case of twins or triplets		<u>yes</u>	<u>Dec.</u> <u>6</u> 191 <u>6</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Avery Professor Byrd(9) PRESENT POSTOFFICE OF FATHER Mount Sabor(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE h.c.(13) OCCUPATION Section Foreman(14) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sophia Delia Broome(15) PRESENT POSTOFFICE OF MOTHER Mount Sabor(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Cherokee Co SC(19) OCCUPATION Domestic(20) 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 born at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W.D. Byrd

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Lockhart SC

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 Jan 9 1916 (28) H. G. Isalman Local RegistrarWhen 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.
Birth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.