

Form No. 1

(1) PLACE OF BIRTH

County of Spartan
 Township of Calhoun
 or
 Inc. Town of Lynchburg
 or
 City of Lynchburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32529

Registration District No. 4110 Registered No. 39
 (For use of Local Registrar)

City of Lynchburg (No. 39 St.; 39 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 7, 1922
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE
 (11) AGE AT LAST BIRTHDAY 18 (Year)
 (12) BIRTHPLACE
 (13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE Iida Byrd
 (15) PRESENT POSTOFFICE OF MOTHER Pinewood SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic

(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 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A., M. or P. M.)

(23) (Signature) Maggie L. L.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pinewood SC

Given name added from a supplemental report

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

(27) Filed Oct. 10, 1922 (28) C. S. Giffen 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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.