

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of

Township of

 or
 Inc. Town of
 or
 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 Use,

34134

Registration District No.

Registered No.
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

1

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. D. Byrd

(9) PRESENT POSTOFFICE OF FATHER

Greener S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Greener S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Walter

(15) PRESENT POSTOFFICE OF MOTHER

Greener S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

St. George

(19) OCCUPATION

House Wife

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature)

(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

19

(28) 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.

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