

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Centeror  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Harry James Byrd

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

|                             |   |                                       |                                     |  |
|-----------------------------|---|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? <u>No</u><br>To be answered only in event of Twins or Triplets | (5) Number in order of birth <u>3</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>May 20 1922</u><br>(Name of Month) (Day) (Year) |
|-----------------------------|---|---------------------------------------|-------------------------------------|--|

## FATHER.

|  |  |
|--|--|
| (8) FULL NAME <u>Andrew Byrd</u>   | (11) AGE AT LAST BIRTHDAY <u>31</u><br>(Years) |
| (9) PRESENT POSTOFFICE OF FATHER <u>Edgewood S.C.</u>                    |  |
| (10) COLOR OR RACE <u>Col</u>  | (12) BIRTHPLACE <u>Richland Co S.C.</u>        |
| (13) OCCUPATION <u>Teacher</u>   |  |
| (20) Number of children born to mother, including present birth <u>3</u> |  |

## MOTHER.

|   |  |
|---|--|
| (14) NAME BEFORE MARRIAGE <u>Lennie Adams</u>                                       | (17) AGE AT LAST BIRTHDAY <u>27</u><br>(Years) |
| (15) PRESENT POSTOFFICE OF MOTHER <u>Edgewood S.C.</u>                              |  |
| (16) COLOR OR RACE <u>Col</u>   | (18) BIRTHPLACE <u>Richland Co S.C.</u>        |
| (19) OCCUPATION <u>House wife</u>   |  |
| (21) Number of children of this mother now living, including present birth <u>3</u> |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alone at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lennie Adams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Edgewood S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 26 1922 (28) A. B. R. / H 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.

File No.—For State Registrar Only

27775

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3801Registered No. 45  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Harry James Byrd

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

|                             |   |                                       |                                     |  |
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| (10) COLOR OR RACE <u>Col</u>  | (12) BIRTHPLACE <u>Richland Co S.C.</u>        |
| (13) OCCUPATION <u>Teacher</u>   |  |
| (20) Number of children born to mother, including present birth <u>3</u> |  |

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|---|--|
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