

Form No. 1.

(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 Only

50412

Registration District No. 40-a

Registered No. 37

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child

Minnie Mae Byrd

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Calvin Byrd

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg, S. C.

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY (Years)

29

(12) BIRTHPLACE

Fairfield Co

(13) OCCUPATION

Railroad

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Callie Triplett

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg, S. C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY (Years)

24

(18) BIRTHPLACE

Fairfield

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lydie Thompson

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

137 Main St

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

1916

(28)

Jas. Cooper 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.

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.

McCaw, of Columbia.