

(1) PLACE OF BIRTH

County of Florence SC

Township of

or
Inc. Town of Eysinghamor
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. Francis Virginia Byrd

File No.—For State Registrar Only

42365

Registered No.
(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 15 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Wesley Byrd(9) PRESENT POSTOFFICE OF FATHER Eysingham SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Darlington S.C.(13) OCCUPATION Machinist(20) Number of children born to mother, including present birth Seven, 7,

MOTHER.

(14) NAME BEFORE MARRIAGE Mary A. Shopp(15) PRESENT POSTOFFICE OF MOTHER Eysingham SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 70 (Years)(18) BIRTHPLACE Scranton S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Seven, 7,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Byrd R.N. Darlington SC

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

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 Dec 24 1922 (28) J. M. Byrd R.N. 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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