

WHITE PLAINS, WITH LEADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1 THIS CHILD, NO. 2, etc., IN QUESTION 5.

(1) PLACE OF BIRTH

County of Murphy  
Township of Falldale  
OR  
Inc. Town of .....  
OR  
City of .....

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

File No.—For State Registrar Only  
**19541**

Registration District No. 3403 Registered No. 26  
(For use of Local Registrar)

(2) Full Name of Child

3 BOY OR GIRL?

Girl

4 Twin or Triplet?

To be answered only in case of Twins or Triplets

5 Number in order of birth

6 Are Parent's Married?

7 DATE OF BIRTH

May 16, 1922  
(Name) (Day) (Year)

FATHER.

8 FULL NAME

James Martin Byrd

9 PRESENT POSTOFFICE OF FATHER

Murphy

10 COLOR OR RACE

white

11 AGE AT LAST BIRTHDAY

37

12 BIRTHPLACE

Murphy

13 OCCUPATION

Farmer

20 Number of children born to mother, including present birth

2

MOTHER.

14 NAME BEFORE MARRIAGE

M. Helen Purdie

15 PRESENT POSTOFFICE OF MOTHER

Murphy

16 COLOR OR RACE

white

17 AGE AT LAST BIRTHDAY

23

18 BIRTHPLACE

Murphy

19 OCCUPATION

House wife

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, about 32 at 3 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

Physician

Murphy

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 15 19 22

(28)

Local Registrar

If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.