(1) PLACE OF BIRTH

County of Allendale

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

Registration District No. 46 02

Registered No. 100
(For use of Local Registrar)

30806

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

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

(2) Full Name of Child Helen Ruth Byers

(3) SEX OF CHILD: Girl

(4) Twin or Triplet (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Twin, Triplet, or Quadruplet? Yes

(7) DATE OF BIRTH (Name of Month) Oct (Day) 3 (Year) 1923

FATHER

(8) FULL NAME: James Byers

(9) PRESENT RESIDENCE OF FATHER: Allendale SC

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 35 (Years)

(12) BIRTHPLACE: SC

(13) OCCUPATION: Farm Labor

(14) Number of children born to mother, including present birth: 6

MOTHER

(14) MAIDEN NAME: Lizzie Boyd

(15) PRESENT RESIDENCE OF MOTHER: Allendale

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 30 (Years)

(18) BIRTHPLACE: SC

(19) OCCUPATION: Farm Labor

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Idelle F Bradley

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Allendale SC

Given name added from a supplemental report

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 5 1923 (28) F. H. Boyd 2nd Local Registrar.

* In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark in the upper right-hand corner of each certificate the word TWIN or TRIPLET, as the case may be. In case of TWINS OR TRIPLETS, No. 1 THE OTHER, No. 2, etc., in question 5.

If child was born dead, then the father, householder, etc., should make this return. Such birth must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.