

(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

32390

Registration District No. 4009

Registered No. 119

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child.

Aurell Byrd

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 1, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Byrd

(9) PRESENT POSTOFFICE OF FATHER

Woodruff S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

41

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Bertha Jones

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

39

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

10

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive

(Born alive or stillborn)

(Hour A. M. or P. M.)

7 A.M.

(23) (Signature)

Fannie Coleman

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Woodruff S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed

Sep 7, 22

(28) Local Registrar

Chas L. Boyter

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.