

(1) PLACE OF BIRTH

County of Marlboro
Township of Bennettville
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

43713

Registration District No. 3301 Registered No. 1180
(For use of Local Registrar)

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

(2) Full Name of Child Reglas Byrd {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 17 27
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter W. Byrd

(14) NAME BEFORE MARRIAGE Mary Eliza Freeman

(9) PRESENT POSTOFFICE OF FATHER unknown

(15) PRESENT POSTOFFICE OF MOTHER Bennettville SC

(10) COLOR OR RACE wh (11) AGE AT LAST BIRTHDAY 26
(Years)

(16) COLOR OR RACE wh (17) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Marion Co.

(18) BIRTHPLACE Dillon Co.

(13) OCCUPATION Mechanic

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3

(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 Born alive at 2:15 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Reglas Byrd

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 117 S Liberty St

Given name added from a supplemental report

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

(27) Filed Dec 20 27 (28) Mrs. H. J. Pato 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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REGISTRY OF COLUMBIA, COLUMBIA, S. C.
N. B.—In case of TWINS OR TRIPLETS, give SEPARATE MEANS FOR EACH CHILD, AND LIST FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 2.