

## (1) PLACE OF BIRTH

County of MarlboroTownship of Bennettvilleor  
Inc. Town of .....

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

43713

Registration District No. 3301 Registered No. 180  
(For use of Local Registrar)(2) Full Name of Child Angela Byrd

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? ✓  
To be answered only in event of Twins or Triplets(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 17 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter W. Byrd(9) PRESENT POSTOFFICE OF FATHER unknown(10) COLOR OR RACE wh(11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Mechanic(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Eliza Freeman(15) PRESENT POSTOFFICE OF MOTHER Bennettville SC(16) COLOR OR RACE wh(17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Dillon Co.(19) OCCUPATION Domestic(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) Angela Byrd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician 117 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 1922(28) Mr. J. 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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LOCAL REGISTRAR.