

Form No. 3

(1) PLACE OF BIRTH

County of Dorchester
 Township of Roger
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3697

Registration District No. 1705Registered No. 6
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Herbert Lee Byrd

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

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 4 (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 9th 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnie Byrd
 (9) PRESENT POSTOFFICE OF FATHER Reevesville, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Low Mill Runover
 (14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Rebecca Mack
 (16) PRESENT POSTOFFICE OF MOTHER Reevesville, S.C.
 (18) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)
 (19) BIRTHPLACE S.C.
 (20) OCCUPATION Helper on farm
 (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 Born alive at 1:30 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Hattie L. Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Reevesville S.C.

Given name added from a supplemental report

(26) Witness E. C. Eberhardt
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 9th 1923 (28) E. C. Eberhardt
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.

WRITE PLAINLY, WITH INK, IN SPACING 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, the other No. 2, etc. In question 3

Bureau of Census, Columbia, S. C.