

IN PRESENCE OF NAME

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For Sub Register Only

536

County of Anderson

Township of

or
Inc. Town of

or
City of Charleston

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

Registration District No.

Registered No. 161

(For use of Local Registrar)

(2) Full Name of Child William Byas

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

(1) SEX OR
GIRL

Boy

(4) Twin
or triplet?

No

(5) Number in
order of birth

1

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

Jan 17 1912

FATHER

(8) FULL
NAME

John Byas

(9) PRESENT
POSTOFFICE
OF FATHER

Charleston

(10) COLOR
OR
RACE

C

(11) AGE AT LAST
BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Madison

(13) OCCUPATION

Stenographer

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

9

MOTHER

(14) NAME BEFORE
MARRIAGE

Eliza Francis

(15) PRESENT
POSTOFFICE
OF MOTHER

Charleston

(16) COLOR
OR
RACE

C

(17) AGE AT LAST
BIRTHDAY

29

(Years)

(18) BIRTHPLACE

John's Island

(19) OCCUPATION

Laundress

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplement-
tal report

161

Registrar

(25) Witness

(Signature of Witness necessary only
when question 21 is signed by mother)

(26) Filed

161

(27)

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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