

FORM NO. 3
MARGIN RESERVED FOR INDENTURE.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—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 8.

(1) PLACE OF BIRTH
County of Barlington **CERTIFICATE OF BIRTH**
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of 11 State Board of Health

File No. — For State Registrar Only
45964

Inc. Town of _____ Registration District No. 1501 Registered No. _____
(For use of Local Registrar)
City of _____ (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maria Byrd

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. P. Byrd
(9) PRESENT POSTOFFICE OF FATHER Barlington SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Barlington CO
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Blossman
(15) PRESENT POSTOFFICE OF MOTHER Barlington, SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Barlington CO SC
(19) OCCUPATION Keeping House
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 30 1916 (28) E. A. Carly 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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