

22 050115

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH				Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>York</u>				STATE OF SOUTH CAROLINA		1984	
Township of				Bureau of Vital Statistics			
or				State Board of Health			
Inc. Town of				Registration District No. <u>44-13</u>		Registered No. <u>270</u>	
or						(For use of Local Registrar)	
City of <u>Rock Hill, S.C.</u>				(No. <u>44-13</u> St.; <u>Ward</u>)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number)							
(If child is not yet named, make supplemental report as directed.)							
2. FULL NAME OF CHILD <u>Mary Ruth Byrd</u>							
3. Boy or Girl <u>Girl</u>	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>March 20</u> , 19 <u>22</u>	(Month, day, year)	
9. Full name <u>Robert Dlin Byrd</u>				18. Name before marriage <u>Mamie Matilda Mangrum</u>			
10. Residence (mailing address) <u>Rock Hill, S.C.</u>				19. Residence (mailing address) <u>Rock Hill, S.C.</u>			
(If non-resident, give place and State)				(If non-resident, give place and State)			
11. Color or race <u>W</u>	12. Age at last birthday <u>30</u> (Years)	20. Color or race <u>W</u>	21. Age at last birthday <u>28</u> (Years)				
13. Birthplace (city or place) <u>Kershaw County S.C.</u>	22. Birthplace (city or place) <u>Kershaw County S.C.</u>			(State or country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Weave</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>House hold</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Textile</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>			
16. Date (month and year) last engaged in this work <u>19</u>				25. Date (month and year) last engaged in this work <u>19</u>			
17. Total time (years) spent in this work <u>1 yr</u>				26. Total time (years) spent in this work			
27. Number of children of this mother (At time of birth and including this child) <u>5</u> (a) Born alive and now living <u>5</u> (b) Born alive but now dead (c) Stillborn							
28. If stillborn, period of gestation <u>months</u> <u>weeks</u>				29. Cause of stillbirth			
Specify any physical deformities of child at birth							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>on</u> the date above stated.							
(Born alive or stillborn)							
(Signed) <u>W. B. Blackman, M.D.</u>							
or _____, Midwife							
Given name added from a supplemental report _____ (Date of) _____							
Address _____							
Filed <u>Aug 1</u> , 19 <u>44</u> <u>Mrs. J. R. Miller</u> Registrar							
Registrar _____							