

22 050115

## 1. PLACE OF BIRTH

County of York

Township of.....

or  
Inc. Town of.....or  
City of Rock Hill, S.C.

(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

Mary Ruth Byrd

FILE No.—For State Registrar Only

1984

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44-13Registered No. 270

(For use of Local Registrar)

3. Boy or Girl W

If Plural Births

4. Twin, triplet, or other

6. Premature

7. Are Parents

8. Date of birth

March 201922

5. Number, in order of birth

Full term yesMarried? yes

(Month, day, year)

9. Full name FATHER  
Robert Dlin Byrd

18. Name before marriage

MOTHERMamie Matilda Mangrum

10. Residence (mailing address) (If non-resident, give place and State)

Rock Hill, S.C.

19. Residence (mailing address) (If non-resident, give place and State)

Rock Hill, S.C.11. Color or race W

12. Age at last birthday

30

(Years)

20. Color or race W

21. Age at last birthday

28

(Years)

13. Birthplace (city or place) (State or country)

Kershaw County S.C.

22. Birthplace (city or place) (State or country)

Kershaw County S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Weave

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Textile

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

1 yr

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

House hold

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

own home

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child)

(a) Born alive and now living 5

(b) Born alive but now dead

(c) Stillborn

28. If stillborn, period of gestation

months  
weeks

29. Cause of stillbirth

Before labor

During labor

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 alive at \_\_\_\_\_ on the date above stated.  
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) W. B. Blackman, M.D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report

(Date of)

Address

Filed Aug 1, 1948Mrs. J. R. Miller

Registrar

Registrar

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)