

## (1) PLACE OF BIRTH

County of LaurensTownship of Laurens #5or  
Inc. Lower of Rt. #5or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

19276

Registration District No. 2904 Registered No. 77

(For use of Local Registrar)

(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 L. C. Byrd If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy 4) 7th at triplet 5) Number in order of birth one 6) Are Parents Married? No 7) DATE OF BIRTH June 7, 1922  
(Month) (Day) (Year)

## FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Byrd(15) PRESENT POSTOFFICE OF MOTHER Laurens Rt. #5(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years) 25

(18) BIRTHPLACE

New Berry

(19) OCCUPATION

Farming(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 A.M., on the date above stated. (Born alive or stillborn) Hour M. or P.(23) (Signature) Martha Byrd(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Laurens Rte #6

Given name added from a supplemental report

(26) Witness Rosa Byrd

(Signature of Witness necessary only when question 23 is signed by male)

(27) Filed Jan 15, 1927 (28) R. E. Phillips 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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