

(1) PLACE OF BIRTH

County of Hartford
 Township of 1st
 or
 Inc. Town of Waverly
 or
 City of Se

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
30117

Registration District No. 15 Registered No. 51
 (For use of Local Registrar)

(No. St.; Word)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? B (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? W (7) DATE OF BIRTH 11-16-22
 (Name of 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 Reelin Byrd
 (15) PRESENT POSTOFFICE OF MOTHER Strother Se
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY (Years) 28
 (18) BIRTHPLACE Se
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna Sykes

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Strother Se

Given name added from a supplemental report

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

(27) Filed 11-1-22 (28) C. B. R. G. h. 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.