

## (1) PLACE OF BIRTH

County of *Greenville*Township of *1st*Inc. Town of *Greenville*City of *Greenville*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child *Myrtle Lee Byrd*

File No.—For State Registrar Only

3984

3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married *Yes*

(7) DATE OF BIRTH

*Feb. 11, 1923*  
(Name of Month) (Day) (Year)

4) FATHER'S NAME

FATHER

5) PRESENT POSTOFFICE OF FATHER

6) COLOR OR RACE *N.*

(11) AGE AT LAST BIRTHDAY

(Years)

7) BIRTHPLACE

8) OCCUPATION

Number of children born to  
including present birth *9*

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *N.*

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth *8*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born *alive & stillborn* on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife *Physician* Address of Physician or Midwife *Greenville S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

*Mar 12 1923*

(28)

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.

before the fifth month of pregnancy