(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
5833

County of Spartanburg
Township of Woodruff
or
Inc. Town of .....
or
City of .....

Registration District No. 42d 09 Registered No. 14
(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 Agnes Byrd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl		12th	Yes	January 24 1922

FATHER.

(8) FULL NAME: John Byrd
(9) PRESENT POSTOFFICE OF FATHER: Woodruff
(10) COLOR OR RACE: Negro
(11) AGE AT LAST BIRTHDAY: 57 (Years)
(12) BIRTHPLACE: S. C.
(13) OCCUPATION: Farmer
(22) Number of children born to mother, including present birth: Twelve

MOTHER.

(14) NAME BEFORE MARRIAGE: Margaret Davis
(15) PRESENT POSTOFFICE OF MOTHER: Woodruff
(16) COLOR OR RACE: Negro
(17) AGE AT LAST BIRTHDAY: 34 (Years)
(18) BIRTHPLACE: S. C.
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) * I hereby certify that I attended the birth of this child, who was Born alive at 2.20 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D. F. Hampton M.D.
(24) State whether Physician or Midwife: Phy
(25) Address of Physician or Midwife: Spartanburg S. C.

Given name added from a supplemental report .....
..... 19 .....
Registrar

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

(27) Filed Mar 10 1922 (28) Chas. L. Boyster
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark this FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

WHITE PAPER ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

BUREAU OF PRINTING, COLUMBIA, S. C.