

WARNING: THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1 THE OTHER, No. 2, etc. In question 1

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Dillon</u>	State of <u>SOUTH CAROLINA</u>	Bureau of Vital Statistics		90	
Township of <u>Ans. Lier</u>	State Board of Health	Registration District No. <u>208</u>		Registered No. <u>2</u>	
Inc. Town of	(No. St.; Ward)	City of		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Eldred Olenthus Lybrand</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 6 1923</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Murphy Lybrand</u>			(14) NAME BEFORE MARRIAGE <u>Gracie Roy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Tamaria</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Tamaria</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(12) BIRTHPLACE <u>Dillon Co</u>			(18) BIRTHPLACE <u>Dillon Co</u>		
(13) OCCUPATION			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>white</u> at <u>8</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lelia Roy</u>					
(24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Earle St</u>					
(Given name added from a supplemental report)					
<u>M. B. Northward, M.F.</u>					
<u>12-18-42</u> 19 <u>23</u> Registrar					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>2/3</u> 19 <u>23</u> (28) <u>R. C. Jones</u> 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.					

Form 10-2-23, Columbia, S. C.