

## (1) PLACE OF BIRTH

County of Monroe  
 Township of # #  
 or  
 Inc. Town of Whitman  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39471

Registration District No. 3402Registered No. 131  
(For use of Local Registrar)

## (2) Full Name of Child

Sally Byrd

(No. .... St. .... Ward)

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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 9, 22  
 (Name of Month) (Day) (Year)

## FATHER:

(8) FULL NAME John Byrd  
 (9) PRESENT POSTOFFICE OF FATHER Whitman S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Years)  
 (12) BIRTHPLACE Monroe Co.  
 (13) OCCUPATION Farmer

## MOTHER:

(14) NAME BEFORE MARRIAGE Virginia Sanders  
 (15) PRESENT POSTOFFICE OF MOTHER Whitman S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 40 (Years)  
 (18) BIRTHPLACE Monroe Co.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:40 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Polly Byrd(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Whitman S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 12, 22

(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.