

(1) PLACE OF BIRTH

County of CherokeeTownship of Neogon

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4528

Registration District No. 1004 Registered No. 1

(For use of Local Registrar)

City of _____ St.; _____ Ward _____

(2) Full Name of Child Henry Byars } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1

Is to be answered only in event of twins or triplets

(5) Number in order of birth 4(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 1

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward H. Byars(9) PRESENT POSTOFFICE OF FATHER Couper S.C. R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 83 (Years)(12) BIRTHPLACE Cherokee County S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie C. Burgess(15) PRESENT POSTOFFICE OF MOTHER Couper S.C. R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Cherokee County S.C.(19) OCCUPATION Housewife(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 alive at 8:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Laffney, S.C.

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Jan 10 1916 (28) [Signature] 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.

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N. H.—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 5.

McCaw, of Columbia.

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