

(1) PLACE OF BIRTH
County of L. Union
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
66495

Inc. Town of or
City of L. Union (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 Mary Emma Lybrand { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth 3-1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 25 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John V. Lybrand
(9) PRESENT POSTOFFICE OF FATHER Union S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Union S.C.
(13) OCCUPATION Mill operator
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Emma Lybrand
(15) PRESENT POSTOFFICE OF MOTHER Union S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE Union S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born at 730 A.M. (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 Union 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 me 27 Feb. (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.