

(1) PLACE OF BIRTH

County of HarveyTownship of Sumteror
Inc. Town of.....City of Atkins

(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

43011

Registration District No. 2509 Registered No. 108
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Bertie Marie (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 8 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Allen Boyd(9) PRESENT POSTOFFICE OF FATHER Albbrook(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Caldwell Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Bosche(15) PRESENT POSTOFFICE OF MOTHER Albbrook(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Adrian(19) OCCUPATION House Keeping(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... A. L. ... at 4 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M E Mesner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 17 27 1927 (28) Harvey ... 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.