

(1) PLACE OF BIRTH

County of Livingston
 Township of Frank
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
39281

Registration District No. 3/106 Registered No. 11
 (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 John Matthew Boyd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 2, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Boyd
 (9) PRESENT POSTOFFICE OF FATHER Irmo, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
 (Years)
 (12) BIRTHPLACE Livingston Co., S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Elizer
 (15) PRESENT POSTOFFICE OF MOTHER Irmo, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31
 (Years)
 (18) BIRTHPLACE Livingston Co., S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Irmo, S.C. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Irmo, 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 19 (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.

RECORD OF BIRTHS AND DEATHS.—This is a PRELIMINARY RECORD. In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. RECORD OF GEORGIA, GEORGIA, S. C.