

Form No. 1

(1) PLACE OF BIRTH

County of TransfieldTownship of Hwy 10or
Inc. Town ofor
City of

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

(2) Full Name of Child Emmie Betty Boyd

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wash Boyd(9) PRESENT POSTOFFICE OF FATHER Wallaceville, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 4-5
(Year)(12) BIRTHPLACE Transfield Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Penn(15) PRESENT POSTOFFICE OF MOTHER Wallaceville, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34
(Year)(18) BIRTHPLACE Transfield Co. S.C.(19) OCCUPATION Farm hand(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amanda + Coleman(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wallaceville S.C.

Given name added from a supplemental report

(26) Witness Mrs. E. G. Hardy
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 15 1922 (28) E. G. Hardy
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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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42262

Registration District No. 9-9-9 Registered No. 33
(For use of Local Registrar)

(No. St.; Ward)