

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Cadesburg

Inc. Town of.....

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

5592

Registration District No. 103 Registered No. 10

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Margaret Boyd {If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 26 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wardlaw Boyd(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Abbeville S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Washington(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Abbeville(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was. born alive at 11:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Johnson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville 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 Mar 23 1923 (28) Abbeville 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. 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.

Bureau of Statistics, Columbia, S. C.