

1. PLACE OF BIRTH

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

File No. — For State Registrar Only
10256

County of York
Township of York
City of York

Registration District No. 9A Registered No. 537
(For use of Local Registrar)
(No. 71 Boyard)
(If child is not yet named, make supplemental report as directed.)

2. Full Name of Child

Infant William

(4) Twin or Triplet? Yes (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH July 1 1927
(Name of Month) (Day) (Year)

FATHER:
(1) NAME William A. William
(2) PRESENT POSTOFFICE OF FATHER Boyard
(3) AGE AT LAST BIRTHDAY 30 (Years)
(4) BIRTHPLACE Charleston, SC
(5) OCCUPATION Blacksmith
(6) Number of children born to father including present birth 35

MOTHER:
(1) NAME BEFORE MARRIAGE Marie Smith
(2) PRESENT POSTOFFICE OF MOTHER Boyard
(3) COLOR OR RACE W. (4) AGE AT LAST BIRTHDAY 28 (Years)
(5) BIRTHPLACE Charleston, SC
(6) OCCUPATION House wife
(7) Number of children of mother now living including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at York at 1:15 P.M. on the date above stated.

(23) (Signature) M. D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 95 Spring St.

When applicable, add the following supplemental statement:

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Witness
(27) Signed 4/19/27 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, and certify as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.