

Form No. 1

## (1) PLACE OF BIRTH

County of CalhounTownship of Pine GroveInc. Town of Long Star SC

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34983

Registration District No. 603Registered No. 69

(For use of Local Registrar)

(No. .... St. .... Ward)

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

(2) Full Name of Child William Boyd

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

(3) BOY OR GIRL —(4) Twin or Triplet —(5) Number in order of birth 2(6) Are Parents Married yes

(7) DATE OF BIRTH

Nov. 4, 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Willis Boyd

(9) PRESENT POSTOFFICE OF FATHER

St Motts S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

21  
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

1 2

## MOTHER.

(15) NAME BEFORE MARRIAGE

Sarah Lucas

(16) PRESENT POSTOFFICE OF MOTHER

St Motts S.C.

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

19  
(Year)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Wife

(21) Number of children of this mother now living, including present birth

1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles W. Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

St Motts S.C.

Given name added from a supplemental report

(26) Witness Mar. V. Stein Lemmings

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 10, 1923 (28) J. D. Stein Lemmings

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.