

(1) PLACE OF BIRTH

County of KershawTownship of 9

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

46941

Registration District No. 3400Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Carrol Eugene Boyd

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

Is to be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Boyd(9) PRESENT POSTOFFICE OF FATHER Little River(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Lexington Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Almeria Chapman(15) PRESENT POSTOFFICE OF MOTHER Little River(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Lexington Co. S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Lexington Co. S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. T. Robinson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mark

Given name added from a supplemental report

(26) Witness W. T. Robinson

(Signature of Witness necessary only when question 23 is signed by mark)

Registrar

(27) Filed Jan 6 1916

(28)

W. T. Robinson

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.

MARLIN REGISTERED THE BIRTHING. THIS IS A PRELIMINARY RECORD. 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.

McCauley of Columbia.