

## (1) PLACE OF BIRTH

County of AlendaleTownship of Baldoror  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — for State Registrar Only

37026

Registration District No. 4602 Registered No. 53

(For use of Local Registrar)

(No. .... 84; .... Ward)

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

(2) Full Name of Child Edward Leroy H. Boyd is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age Parents Married yes (6) DATE OF BIRTH Nov 16, 22 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jake Jackson(9) PRESENT POSTOFFICE OF FATHER Baldor SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Janie Smoke(15) PRESENT POSTOFFICE OF MOTHER Baldor SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Farm Labor(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Ruth Bassett (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Baldor SC

Given name added from a supplemental report

(26) Witness F. H. Boyd (Signature of Witness necessary only when question 23 is signed by parent)(27) Date Nov 23, 22 (28) F. H. Boyd M.D. 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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