

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE. THIS IS A PERMANENT RECORD. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT BLANK FOR EACH CHILD, AND MARK THE NO. 2.—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. M. N. McCraw, of Columbia.

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

50589

(1) PLACE OF BIRTH  
County of Sumter  
Township of Providence

Inc. Town of ..... Registration District No. 4105 Registered No. 11  
(For use of Local Registrar)  
or  
City of ..... (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 unnamed } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? twins (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 26  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Symon Boyd  
(9) PRESENT POSTOFFICE OF FATHER Providence SC  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 6

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Josephine Cabbaystall  
(15) PRESENT POSTOFFICE OF MOTHER Providence SC  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28  
(18) BIRTHPLACE SC  
(19) OCCUPATION domestic  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Chestnut (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Providence SC

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 26 1911 (28) D. M. Rayburn 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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