

4. **CONCLUSION**

M. H. McCaw. of Columbia.

(2) Full Name of Child

Registration District No.

50589

Registered No.
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? girl (4) Twin twins or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 26 1964
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Boyd

(9) PRESENT POSTOFFICE *Alton Place 8C*

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE *W. L.*

(13) OCCUPATION *P. S. M.*

(20) Number of children born to mother, including present birth } 6

MOTHER

(14) NAME BEFORE MARRIAGE *Josephine W. B. [unclear]*

(15) PRESENT POSTOFFICE OF MOTHER Providence SC

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE *10*

(19) OCCUPATION *Student*

(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 at St. Louis, Mo.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only)

(27) Filed Feb 26 1916 (28) D. McLaughlin 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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