

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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.

(1) PLACE OF BIRTH

County of York
Township of Bulluck Creek
or
Inc. Town of
or
City of (No. St.; Ward)
(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

45039

(2) Full Name of Child Aug. Belle Boyd { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 28 1913
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Boyd
(9) PRESENT POSTOFFICE OF FATHER Bulluck Creek S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE York Co. S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Lucille Purvis
(16) PRESENT POSTOFFICE OF MOTHER Bulluck Creek S.C.
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 17 (Years)
(19) BIRTHPLACE York Co. S.C.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hydra M. Allen
(24) State whether Physician or Midwife. (25) Address of Physician or Midwife Bulluck Creek S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness J. E. McAlister
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 1 1913 (28) J. E. McAlister 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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