

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13763

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufortor
Inc. Town of Beaufortor
City of BeaufortRegistration District No. 6ARegistered No. 25
(For use of Local Registrar)(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

Bailey Boyd Jr.

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 15

(Name of Month)

(Day)

(Year)

(8) FULL NAME

Bailey Boyd

(9) PRESENT POSTOFFICE OF FATHER

Beaufort S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Aiken S.C.

(13) OCCUPATION

Auto Mechanic

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

13

(14) NAME BEFORE MARRIAGE

Ethel Green

(15) PRESENT POSTOFFICE OF MOTHER

Beaufort

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Barnwell County

(19) OCCUPATION

House Wife

(21) Number of children whose mother now living, including present birth

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

M. J. Wood

(24) State whether Physician or Midwife

Physician(25) Address of Physician or Midwife
New York S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date

May 23 1927

(28) Local Registrar

W. H. Keener

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.