

(1) PLACE OF BIRTH

County of FairfieldTownship of X 91

or

Inc. Town of

or

City of

(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

52095

Registration District No. 1908 Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Robert C. Boyd

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth X

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 1

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eliza Boyd(9) PRESENT POSTOFFICE OF FATHER Rockton S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Fairfield Co.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly B. Johnson(15) PRESENT POSTOFFICE OF MOTHER Rockton S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Fairfield Co.(19) OCCUPATION Housewife(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 born alive at 4 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy Ellison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rockton S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

Registrar

(27) Filed Mar. 4 1914(28) D. C. Ruff

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.

N. H.—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.

McCaw, of Columbia