

(1) PLACE OF BIRTH

County of UnionTownship of UnionInc. Town of UnionCity of Union

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child James Hayworth Boyd

File No.—For State Registrar Only

66494

Registered No. 101

(For use of Local Registrar)

St.: 2 Ward

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

(3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 24, 1906

FATHER.

(8) FULL NAME

David Albert Boyd

(9) PRESENT POSTOFFICE OF FATHER

Union S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

Edgefield County S.C.

(13) OCCUPATION

Bookkeeper

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Hettie Moore Love

(15) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32 (Years)

(18) BIRTHPLACE

Darlington County

(19) OCCUPATION

Laurel

(20) 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 2 at 7 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) A. P. McLeod

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 26, 1906(28) 6(29) 6(30) 6(31) 6(32) 6(33) 6(34) 6(35) 6(36) 6(37) 6(38) 6(39) 6(40) 6(41) 6(42) 6(43) 6(44) 6(45) 6

*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.