

(1) PLACE OF BIRTH.

County of *Darlington*Township of *Society Hill*or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72361

Registration District No. *1510* Registered No. *39*

(For use of Local Registrar)

(2) Full Name of Child *Boston* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>June, 30, 1910</i> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <i>Chester Byrd</i>	(14) NAME BEFORE MARRIAGE <i>Alvie Boston</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Society Hill, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Dove S.C.</i>
(10) COLOR OR RACE <i>negro</i>	(16) COLOR OR RACE <i>negro</i>
(11) AGE AT LAST BIRTHDAY <i>25</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>17</i> (Years)
(12) BIRTHPLACE <i>Darlington Co.</i>	(18) BIRTHPLACE <i>Darlington Co.</i>
(13) OCCUPATION <i>Farm Labour</i>	(19) OCCUPATION <i>Farm Labour</i>
(20) Number of children born to mother, including present birth { <i>1</i> }	(21) Number of children of this mother now living, including present birth { <i>1</i> }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Laura Boston*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Dove, S.C.

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed *Aug 14, 1910* (28) *Amstrong* Local Registrar.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McCaw, of Columbia.

*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.