

Form No. 1

## (1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity of Greenville

(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

1-1111

Registration District No. 2200Registered No. 14

(For use of Local Registrar)

(2) Full Name of Child Ellis Boyd

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

(3) BOY OR GIRL? Boy(4) Twin No(5) Number in order of birth 1  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 27, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Boyd(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Laurens Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Emm Zucker(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Greenville Co.(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 8/9

1916

(28) L. L. Richardson  
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.

WRITE PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD. N. H.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5. McGraw-Hill Co. of Columbia