

22 049395

1. PLACE OF BIRTH

Richland Co. *Richland Co*
County of *Richland*Township of _____
or
Inc. Town of _____
or
City of *Chapin*

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3802*

FILE No.—For State Registrar Only

04946

Registered No. _____
(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

John Aclam Boyd

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

3. Boy or Girl *Boy* If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married *yes* 8. Date of birth *June 12*, 19*22* (Month, day, year)9. Full name *John Henry Boyd* FATHER18. Name before marriage *Jessie Phine Beckett* MOTHER10. Residence (mailing address) (If non-resident, give place and State) *Chapin, S.C.*19. Residence (mailing address) (If non-resident, give place and State) *Chapin, S.C.*11. Color or race *negro* 12. Age at child's birth *32* (years)20. Color or race *negro* 21. Age at child's birth *30* (years)13. Birthplace (city or place) (State or country) *Chapin, S.C.*22. Birthplace (city or place) (State or country) *Chapin, S.C.*14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farmer*23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. *housewife*

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work *20*25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work *32*27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living *7* (b) Born alive but now dead _____ (c) Stillborn _____28. If stillborn, period of gestation *yes* months _____ weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was *Born alive* at _____ m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) *Josephine Boyd*, Parent
or _____, Guardian

Given name added from a supplementary report _____ (Date of) _____

Address *47 Hudson St.*
Filed *July 2*, 19*22*, *M. B. Workman*
Registrar.

Registrar.

6/11/42 H.P.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)