

N(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only

26233

(1) PLACE OF BIRTH

County of SpartanburgTownship of Rich Springs

Inc. Town of

City of

Registration District No. 4th Registered No. 46

(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 Joan C. Boyd

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth 3

(6) Parents Married

(7) DATE OF BIRTH

July 16, 1923
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Boyd

(9) PRESENT POSTOFFICE OF FATHER

Arcadia

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

M.D.A.

(13) OCCUPATION

Colony mill worker

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

Three

MOTHER.

(16) NAME BEFORE MARRIAGE

Wanda Tuleford

(18) PRESENT POSTOFFICE OF MOTHER

Arcadia

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

M.D.A.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 22 is signed in mark)

(27) Witness to 2:30

19

Registrar

When there was no attending physician or midwife, then the father, householder, etc., must report as stillborn. No report is required of stillbirth before the fifth month of pregnancy.