

Form No. 1

(1) PLACE OF BIRTH

County of Berkley co
Township of 1st gashers
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29056

Registration District No. 7.00 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 miss boyd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 16 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Press Boyd
(9) PRESENT POSTOFFICE OF FATHER Ridgelyville
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Berkley co
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Wizie Titmon
(15) PRESENT POSTOFFICE OF MOTHER Ridgelyville
(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Berkley co
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Hizie Boyd
(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Ridgelyville

Given name added from a supplemental report

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

(27) Filed Sept 24 22 (28) W. F. Smith 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.