

Form No. 1

(1) PLACE OF BIRTH

County of Dauphin
 Township of Northampton
 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

18734

Registration District No. 3612Registered No. 45
(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 Margaret Boyd

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

3. Sex of Child

4. Twin or Triplet

5. Number in order of birth
To be answered only in event of Twin or Triplet

6. Are Parents Married?

7. DATE OF BIRTH Nov 11 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY 30
(Years)

12. BIRTHPLACE

13. OCCUPATION

MOTHER.

14. NAME BEFORE MARRIAGE Miss Hollman15. PRESENT POSTOFFICE OF MOTHER Branchville S.C.16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 26
(Years)18. BIRTHPLACE City Co19. OCCUPATION Domestic20. Number of children born to mother, including present birth 621. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 3612 at 3:20 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. J. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Branchville S.C.

Given name added from a supplemental report

(26) Witness ...

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

(27) Filed 6/16 1923(28) ... Local Registrar19
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.