

(1) PLACE OF BIRTH

County of Aiken
Township of Northbrook
or
Inc. Town of ..
or
City of ..

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

No. for State Registrar Only
12611

Registration District No. 207

Registered No. 25
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nellavene Boyd

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

(3) BOY OR GIRL girl (4) Type or Triplet - (5) Number in order of birth - (6) Age Parents Married Y (7) DATE OF BIRTH May 16 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leitman, Boyd
(9) PRESENT POSTOFFICE OF FATHER Aiken S.C. R 212
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Year)
(12) BIRTHPLACE Aiken Co. P.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Beriah Boyd
(15) PRESENT POSTOFFICE OF MOTHER Aiken Co. S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Year)
(18) BIRTHPLACE Aiken Co. P.C.
(19) OCCUPATION Home 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 6 A.M. on the date above stated. (Born alive or stillborn. (Hour, M. or P. M.))

(23) (Signature) Boyd Leitman

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Aiken P.C.

(Given name added from a supplemental report)

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

(27) Filed May 24 1923 (28) L. D. ... 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.

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