

(1) PLACE OF BIRTH

County of Marble  
Township of Trinity  
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  
**19544**

Registration District No. 3403 Registered No. 22  
(For use of Local Registrar)

(2) Full Name of Child Andrew L Boyd

1) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH June 11 1922  
(If child is not yet named, make supplemental report as directed)

FATHER.  
8) FULL NAME William Boyd  
9) PRESENT POSTOFFICE OF FATHER Trinity  
10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 24  
12) BIRTHPLACE Marble  
13) OCCUPATION Iron Labor

MOTHER.  
14) NAME BEFORE MARRIAGE Belle Jackson  
15) PRESENT POSTOFFICE OF MOTHER Trinity  
16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 22  
18) BIRTHPLACE Marble  
19) OCCUPATION Iron Labor  
20) Number of children born to mother, including present birth 2  
21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 A.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) Trinity & Williams  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trinity

Given name added from a supplemental report

(26) Witness J. M. Boyd  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 15 1922 (28) J. M. Boyd 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.

NOTE: IN CASE OF TWINS OR TRIPLETS, WITH UNFADING INK—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.