

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Darlington STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Michoudville State Board of Health

File No.—For State Registrar Only

42020

Inc. Town of ..... Registration District No. 157 Registered No. 14  
 or ..... (For use of Local Registrar)  
 City of ..... (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 Samuel Mundy Boyd If child is not yet named, make supplemental report as directed ar)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10, 26, 22 Ward)

## FATHER.

## MOTHER.

(8) FULL NAME Curtis Boyd (14) NAME BEFORE MARRIAGE Annie Lute

(9) PRESENT POSTOFFICE OF FATHER Darlington S.C. 2978 (15) PRESENT POSTOFFICE OF MOTHER Darlington S.C. 2978

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Lumber Inspector (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5 (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 born at 12:40 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. Taylor

(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 by mother)

(27) Signed Jan 1, 1922 (28) E. C. Taylor 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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