

Form No. 1

(1) PLACE OF BIRTH

County of Horry
Township of Corry
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
30721

Registration District No. 2502 Registered No. 136
(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 Delma Louise Boyd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Kelly Davis Boyd
(9) PRESENT POSTOFFICE OF FATHER Shell, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Year)
(12) BIRTHPLACE Horry County
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann Cox
(15) PRESENT POSTOFFICE OF MOTHER Shell, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Year)
(18) BIRTHPLACE Horry County
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Liza Todd
(24) State South Carolina (25) Address of Physician or Midwife Shell, S.C.

Given name added from a supplemental report

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

19 _____
Registrar

(27) Sept 14, 1922 (28) L. Todd
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.

WRITING PLAINLY, WITH UNFADING INK—FILL IN A CORRESPONDENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.