

## (1) PLACE OF BIRTH

County of LowberryTownship of Liberty

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For this Register Only

10040

Registration District No. 34 Registered No. 52

(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 Bernice Lee Garfield Boyce If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>Boy</u>	(b) Type of Twin <u>Is in second place in order of Twin or Triple</u>	(c) Number in order of birth <u>1</u>	(d) Is Child Males <u>Yes</u>	(e) DATE OF BIRTH <u>Oct 17, 1923</u>
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## FATHER.

(a) NAME Blair Boyce(b) PRESENT ADDRESS Pomaria R # 2(c) COLOR Black (d) AGE AT LAST BIRTHDAY 35(e) BIRTHPLACE S.C.(f) OCCUPATION Farmer(g) Number of children born to mother, including present birth 10

## MOTHER.

(a) NAME BEFORE MARRIAGE Lula May Edwards(b) PRESENT ADDRESS Pomaria R # 2(c) COLOR Black (d) AGE AT LAST BIRTHDAY 27(e) BIRTHPLACE S.C.(f) OCCUPATION Domestic(g) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 11 A.M.(24) (Signature) Miss M. J. Johnson(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Pomaria, S.C.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(28) Filed 11/19/23 (29) R. J. Johnson 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.