

Form No 1.

(1) PLACE OF BIRTH

County of WichburgTownship of Hope

Inc. Town of

City of

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

(2) Full Name of Child Francis Boyd(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 2(8) FULL NAME Dennis Boyd(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 50(12) BIRTHPLACE Wichburg Co., S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE James Martin(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.(16) COLOR OR RACE Black(17) BIRTHPLACE Wichburg Co., S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth Five

(20) Number of children born to mother, including present birth

(21) I hereby certify that I attended the birth of this child, who was Alive at 14:00 on the date above stated.(22) (Signature) James Martin(23) Name of Physician or Midwife Midwife(24) Address of Physician or Midwife Greenville, S.C.

(25) Signature of Witness necessary only when question 24 is signed by mother

(26) Signature of Witness necessary only when question 24 is signed by mother

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MARGIN RESERVED FOR BINDING.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN X, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

State of Columbia

\*When there was an attending physician or midwife, then the father, householder, etc., should make the report of a child born alive or stillborn. No report is desired of a child born alive or stillborn.

DEPARTMENT OF HEALTH

OFFICE OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS  
State Board of Health

FILE NO. 5-681

5-681

Registration District No. 4301Registered No. 1000

(Any list of Large Hospitals)

(No. of Hospital or other institution, give name of same instead of street and number)

(If child is not yet named, give supplemental name of child)

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