

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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 6.

(1) PLACE OF BIRTH

County of Abbeville
 Township of
 or
 Inc. Town of
 or
 City of Abbeville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

6173

Registration District No. 1 a

Registered No. 20
 (For use of Local Registrar)

(2) Full Name of Child James Roswell Boyd

If child is not yet named, make supplemental report as directed

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

FATHER

(8) FULL NAME Hazie Boyd
 (9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C. 28811
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 19 (Year)
 (12) BIRTHPLACE Abbeville Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Louise Ellis
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C. 28811
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 17 (Year)
 (18) BIRTHPLACE Abbeville Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. J. Boyd
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

(26) Witness Miss Julia M. Albert
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Mrs. J. Boyd (28) Miss Julia M. Albert
 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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.