

MARGIN—RESERVED FOR INDEXING. WHITE PLAINLY. WITH READING 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 5

(1) PLACE OF BIRTH

County of Anderson
Township of Lawrence
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
20757

Registration District No. 4601 Registered No. 17
(For use of Local Registrar)

(2) Full Name of Child

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH July 16 1922
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Charles H. Boyd
9) PRESENT POSTOFFICE OF FATHER Lawrence
10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 30 (Years)
12) BIRTHPLACE Lawrence
13) OCCUPATION Farmer Labor
20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Katherine H. Boyd
(15) PRESENT POSTOFFICE OF MOTHER Lawrence
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Lawrence
(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 at Lawrence at 8 P. M., on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)

(23) (Signature) Mary M. Boyd
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lawrence

Given name added from a supplemental report

(26) Witness L. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed July 29 1922 (28) L. H. Boyd 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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