

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Leaning Iron

Township of Leaning Iron

or
Inc. Town of Leaning Iron

or
City of

(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 Frank Boyd

(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 Nov. 11, 1907

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Boyd

(9) PRESENT POSTOFFICE OF FATHER Leaning Iron S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 46

(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Day Laborer

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Phew

(15) PRESENT POSTOFFICE OF MOTHER Leaning Iron S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 37

(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bettie New

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Leaning Iron S.C.

Given name added from a supplemental report

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

(27) Filed 1907 (28) 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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