

MARCH 1911
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 5.
 MICHIGAN, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County Union
 Township of Union
 or
 Inc. Town of Union
 or
 City of Union
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 No. 4207 Registered No. 4
 (For use of Local Registrar)
 St.; Ward)

(2) Full Name of Child Boyd Anthony
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 22</u> (Name) (Month) (Day) (Year)
FATHER				MOTHER
(8) FULL NAME <u>Boyd Anthony</u>				(14) NAME BEFORE MARRIAGE <u>Alena Harrison</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Union SC</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC</u>
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>W.</u>		
(12) BIRTHPLACE <u>Spartanburg SC</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(13) OCCUPATION <u>mill operating</u>		(18) BIRTHPLACE <u>Spartanburg SC</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(19) OCCUPATION <u>Domestic</u>		
		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was alive at 3:29 P. M., on the date above stated.
 (23) (Signature) A. N. Henderson
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife

Given name added from a supplemental report:
 (26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 2-10-22 (28) D. S. Barrett
 Registrar 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.