

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

22 050138

2A

(1) PLACE OF BIRTH
County of York

Township of

or
Inc. Town of

City of Rock Hill

Registration District No. 44B Registered No. 100
(For use of Local Registrar)

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

(2) Full Name of Child William Crawford Boyd 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 June 25 1942
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME P. J. Boyd
(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.
COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE York Co., S.C.
OCCUPATION Policeman
Number of children born to mother, including present birth Three

MOTHER.
(14) NAME BEFORE MARRIAGE Miss Huddleston
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE York Co., S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 5 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill, S.C.

affid.

Not to be filed from a supplemental report

5/11/42 1942

P. J. Woodward M.D.

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

Filed 1/15/43 1943 (28) [Signature] Local Registrar

*If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.