

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - For State Registrar Only
50648

County of *Abbeville*

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

Township of *Boysville*

or
Inc. Town of

Registration District No. *4201* Registered No. *2*
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 11 1914*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *William Thomas*

(14) NAME BEFORE MARRIAGE *Father, Mother*

(9) PRESENT POSTOFFICE OF FATHER *Peculiar*

(15) PRESENT POSTOFFICE OF MOTHER *Boysville 2*

(10) COLOR OR RACE *W.C.* (11) AGE AT LAST BIRTHDAY *27* (Years)

(16) COLOR OR RACE *W.C.* (17) AGE AT LAST BIRTHDAY *17* (Years)

(12) BIRTHPLACE *D.C.*

(18) BIRTHPLACE *D.C.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *1*

(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 *Boysville* *75* M., (Born alive or stillborn) *Boysville* *75* M. or P. M. on the date above stated.

(23) (Signature) *D. J. A. Smith M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician of Spring*

Given name added from a supplemental report

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

(27) Filed *Feb 12 1914* (28) *D. J. A. Smith M.D.* 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.

Registrar

Local Registrar

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WHEN IN FULL PAYMENT OF THE FEE FOR THIS CERTIFICATE, THE REGISTRAR SHALL BE OBLIGED TO FURNISH TO THE APPLICANT A SEPARATE BLANK FOR EACH CHILD, AND MARK THE SAME ACCORDINGLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE SAME ACCORDINGLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE SAME ACCORDINGLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE SAME ACCORDINGLY. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE SAME ACCORDINGLY.