

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

MOCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75279

County of York
Township of Haymarket
OR
Inc. Town of.....
OR
City of..... (No.St.;Ward)

Registration District No. 4407 Registered No. 106
(For use of Local Registrar)

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

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

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 2, 1966
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hope Boyd
(9) PRESENT POSTOFFICE OF FATHER Cloness S
(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 56
(12) BIRTHPLACE York SC
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Ferguson
(15) PRESENT POSTOFFICE OF MOTHER Cloness SC
(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 31
(18) BIRTHPLACE York SC
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Celeste at 11:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

....., 19

Registrar

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

(27) FILE Aug 2, 1966 (28) [Signature] Local Registrar.

*When there was no attending physician or midwife, then the father, household, 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.