

Form No. 1

## (1) PLACE OF BIRTH

County of RichlandTownship of Dutch Forkor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20035

Registration District No. 3805 Registered No. 1  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Simons Boyd (If child is not yet named, make supplemental report as directed)(3) ~~Boy or~~ GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 12, 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Henry Boyd(9) PRESENT POSTOFFICE OF FATHER Peak, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Lexington Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Boyd(15) PRESENT POSTOFFICE OF MOTHER Peak, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Transfield Co.(19) OCCUPATION Housewife(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 9 P.M.,  
(Born alive or stillborn) (Hour A.M. or P.M.)  
on the date above stated.(23) (Signature) Missouri Boyd(24) State whether Physician or Midwife (25) Address of Physician or Midwife Peak, 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 3/21 19 22 (28) John T. Colby 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Revised by COLUMBIA, COLUMBIA, S. C.