1153 n

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4053

(1) PLACE OF BIRTH
County of Fairfield
Township of 1
or
Inc. Town of
or
City of

Registration District No. 1772 Registered No. 13
(For use of Local Registrar)

(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 Baby Boy [illegible] If child is not yet named, make supplemental report as directed

| (3) BOY OR GIRL? | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Boy | | | Yes | Jan. 24, 1922 |

## FATHER.

(8) FULL NAME Walter Boykin
(9) PRESENT POSTOFFICE OF FATHER Winnsboro
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Fairfield
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Boykin
(15) PRESENT POSTOFFICE OF MOTHER Winnsboro
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Fairfield
(19) OCCUPATION Self Hand
(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Nancy Robinson
(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) [illegible]
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.

Bureau of Statistics, Columbia, S. C.

WHITE REGISTRATION—WITH INSPIRING INK—THIS IS A PERMANENT RECORD.
WRITE PLAINLY. WITH PEN AND INK. USE A PENCIL ONLY WHEN NECESSARY.
NO ERASURES. DO NOT FOLD. USE A SEPARATE BLANK FOR EACH CHILD, and mark the
No. 2.—In case of twins or triplets, use a separate blank for each, and mark the
certificates Twin No. 1, Twin No. 2, etc., in question 5.