

Form No. 1

(1) PLACE OF BIRTH

County of DurhamTownship of WestInc. Town of ...City of Durham, N.C.

(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

4707

Registration District No. 26A Registered No. ...

(For use of Local Registrar)

(No. 65 Sellers Ave St.; ... Ward)(2) Full Name of Child Bonnie Boyd If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl(4) Twin or Triplet X(5) Number in order of birth 1st(6) Are Parents Married Yes(7) DATE OF BIRTH Feb 21 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. G. Boyd(9) PRESENT POSTOFFICE OF FATHER 65 Sellers Ave(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Ja(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Euna Briggman(16) PRESENT POSTOFFICE OF MOTHER 65 Sellers Ave(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 36
(Years)(19) BIRTHPLACE Durham, N.C.(20) OCCUPATION Wife(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 of at 345 P M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
Mrs. Schaffer

(23) (Signature)

(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife ...

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

19

(28)

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.

MAKING RETURNED BY MAILING.

WITH A NATIONAL INN—FOR IN A PERMANENT MANNER.

STATE PLAIN.

N. B.—In case of "TWIN" or "TRIPLET" use a separate card for each child, and mark the "FIRST-BORN" No. 1, "THE OTHER" No. 2, etc., in question 1.

RECEIVED BY CLERK, COLUMBIA, S. C.