

## (1) PLACE OF BIRTH

County of Florence

Township of .....

Inc. Town of .....

City of Florence

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

(2) Full Name of Child Buby Lee Boyd (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? girl (4) Twin or Triplet? one (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 2/21 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Boyd(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22 (Year) .....(12) BIRTHPLACE Florence(13) OCCUPATION Wash work(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Carlean Ford(15) PRESENT POSTOFFICE OF MOTHER Florence(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 17 (Year) .....(18) BIRTHPLACE Florence(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth none

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born (born alive or stillborn), (Hour A. M. or P. M.) at on the date above stated.(23) (Signature) midwife Jennie Wright(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Florence

Given name added from a supplemental report

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

(27) Filed 9-23 1922 (28) P. H. Busham 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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30138

Registration District No. 20-A Registered No. 284  
(For use of Local Registrar)

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

(2) Full Name of Child Buby Lee Boyd (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? girl (4) Twin or Triplet? one (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH 2/21 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Boyd(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22 (Year) .....(12) BIRTHPLACE Florence(13) OCCUPATION Wash work(20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Carlean Ford(15) PRESENT POSTOFFICE OF MOTHER Florence(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 17 (Year) .....(18) BIRTHPLACE Florence(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth none

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born (born alive or stillborn), (Hour A. M. or P. M.) at on the date above stated.(23) (Signature) midwife Jennie Wright(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Florence

Given name added from a supplemental report

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

(27) Filed 9-23 1922 (28) P. H. Busham 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.