

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

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

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

File No.—For State Registrar Only
2809

Registration District No. 1.00 Registered No. 14
(For use of Local Registrar)
(No. 57 Pickens St.; Ward)
City of
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 30 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Barnet Boyd</u>	(14) NAME BEFORE MARRIAGE <u>Annie Owens</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville SC</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville SC</u>	(16) COLOR OR RACE <u>Black</u>		(17) AGE AT LAST BIRTHDAY <u>17</u> (Year)	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>76</u> (Year)		(18) BIRTHPLACE <u>Abbeville SC</u>	
(12) BIRTHPLACE <u>Abbeville SC</u>	(13) OCCUPATION <u>Electrician</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 9:10 A. M.,
on the date above stated. (Boyd all or stillborn) (Hour, M. or P. M.)

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

Given name added from a supplemental report:

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

(27) Filed March 11 1922 (28) D. E. Pressley 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.

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