

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 3

(1) PLACE OF BIRTH

County of York  
Township of King's Mtn  
or  
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  
**20565**

Registration District No. 4-2-7 Registered No. 38  
(For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Bo (4) Twin or Triplet? 8 (5) Number in order of birth 8 (6) Are Parents Married? 90 (7) DATE OF BIRTH April 6, 1922  
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Hope Boyd  
(9) PRESENT POSTOFFICE OF FATHER York 1272  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 4 (Years)  
(12) BIRTHPLACE York Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 16

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Ferguson  
(15) PRESENT POSTOFFICE OF MOTHER York 1272  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE York Co  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Female ..... at 7 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

(27) Filed June 30, 1922 (28) [Signature] 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.