

Form No. 3

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Vander  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

29783

Registration District No. 1409 Registered No. 4  
 (For use of Local Registrar)

City of ..... (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 Rebecca Lillian Boyce (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL girl 4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 30, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME James Boyce

9) PRESENT POSTOFFICE OF FATHER Round S.C.

10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (Years)

12) BIRTHPLACE Colleton Co

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Earnestine Boyce

(15) PRESENT POSTOFFICE OF MOTHER Round S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Ann Buchanan

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

Given name added from a supplemental report

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

(27) Dr. J. H. McPherson 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.