

FIRST-BORN No. 1 - THE OTHER No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Harley
 Township of Livingston Creek
 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

7980

Registration District No. 2509

Registered No. 7
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(2) Full Name of Child Leller Todd

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

(3) BOY OR GIRL? Boy

(4) TWIN or TRIPLET? No
 To be answered only in event of Twin or Triplet

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 8 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Vazille Boyd

(9) PRESENT POSTOFFICE OF FATHER Alsbrook SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Alsbrook SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Todd

(15) PRESENT POSTOFFICE OF MOTHER Alsbrook

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Norman SC

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. E. Stearns

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Alsbrook SC

Given name added from a supplemental report

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

(27) Filed Jan 10 19 22 (28) Harley 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.