

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Trinityor
Inc. Town ofor
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

William Hardin Boyd

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

(1) SEX OR GUILD <u>Boy</u>	(2) Type or Trade <u>To be reported only in case of Trade or Trade</u>	(3) Number in order of birth	(4) Sex of Mother <u>yo</u>	(5) DATE OF BIRTH <u>Feb 19 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>Robert Boyd</u>			(14) NAME BEFORE MARRIAGE <u>Corine Scott</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Kingston 50</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kingston 50</u>	
(16) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(18) BIRTHPLACE <u>Williamsburg</u>			(19) BIRTHPLACE <u>Williamsburg</u>	
(20) OCCUPATION <u>Farmer</u>			(21) OCCUPATION <u>Housewife</u>	
(22) Number of children born to mother, including present birth <u>7</u>			(23) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive 11 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(25) (Signature) A. L. Boyd

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(29) Filed Mar 5 1923 (30) 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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