

In Hall

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no money
12-16-48-fc

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of _____
or
Inc. Town of _____
or Mill Creek
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3803

FILE No.—For State Registrar Only
05766

Registered No. _____
(For use of Local Registrar)

(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

Josephine Boykin

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

3. Boy or Girl
Girl

If Plural
births

4. Twins, triplets or other.
5. Number, in order of birth.

6. Premature.
Full term X

7. Are Parents
Married Yes

8. Date of birth Dec. 15, 1922
(Month, day, year)

9. Full name
FATHER Preston Boykin

18. Name before marriage MOTHER Esther Grant

10. Residence (mailing address)
(If non-resident, give place and State) Mill Creek, S.C.

19. Residence (mailing address)
(If non-resident, give place and State) Mill Creek, S.C.

11. Color or race Col 12. Age at last birthday 22 (years)

20. Color or race Col 21. Age at last birthday 19 (years)

13. Birthplace (city or place)
(State or country) Richland Co. S.C.

22. Birthplace (city or place)
(State or country) Richland Co. S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks

29. Cause of stillbirth

Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 5a. m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Esther Boykin, Parent

Given name added from a supplementary report _____ (Date of)

or _____, Guardian
Address 518 Short Leaf St. C.

Filed Dec 20, 1928 Thos. P. Lesosne
Local Registrar

State Registrar

jht