

MEGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Horry
Township of Conway
or
Inc. Town of Conway
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18994

Registration District No. 25A Registered No. 29
(For use of Local Registrar)

(2) Full Name of Child

John Henry Boyd

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No

(5) Number in order of birth 2nd

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

6/16/22
(Name) (Month) (Day) (Year)

FATHER
(8) FULL NAME John M. Boyd

(9) PRESENT POSTOFFICE OF FATHER Conway S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Horry Co. S.C.

(13) OCCUPATION Book Keeping

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

MOTHER.
(14) NAME BEFORE MARRIAGE Monie Burroughs

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

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Horry Co. S.C.

(19) OCCUPATION House Keeping

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Burroughs M.D.

(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 mark)

..... 19 ..
Registrar

(27) Filed June 17, 22 (28) St. C. ...
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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