

REGISTRY OF BIRTHS AND DEATHS—SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MCGAW OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**

County of Horry  
 Township of Conway  
 or  
 Inc. Town of Conway  
 or  
 City of ..... (No. Bunflesh 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** John Henry Boyd (If child is not yet named, make supplemental report as directed)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18994**

**(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  
To be answered only in event of Twins or Triplets (Name, Month) (Day) (Year)

FATHER.		MOTHER.	
<b>(8) FULL NAME</b> <u>John M Boyd</u>	<b>(14) NAME BEFORE MARRIAGE</b> <u>Monie Burroughs</u>	<b>(9) PRESENT POSTOFFICE OF FATHER</b> <u>Conway S.C.</u>	<b>(15) PRESENT POSTOFFICE OF MOTHER</b> <u>Conway S.C.</u>
<b>(10) COLOR OR RACE</b> <u>White</u> <b>(11) AGE AT LAST BIRTHDAY</b> <u>33</u> (Years)	<b>(16) COLOR OR RACE</b> <u>White</u> <b>(17) AGE AT LAST BIRTHDAY</b> <u>25</u> (Years)	<b>(12) BIRTHPLACE</b> <u>Horry Co S.C.</u>	<b>(18) BIRTHPLACE</b> <u>Horry Co S.C.</u>
<b>(13) OCCUPATION</b> <u>Book Keeping</u>	<b>(19) OCCUPATION</b> <u>House Keeping</u>	<b>(20) Number of children born to mother, including present birth</b> <u>Two</u>	<b>(21) Number of children of this mother now living, including present birth</b> <u>Two</u>

**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. W. Burroughs  
**(24)** State whether Physician or Midwife Physician **(25)** Address of Physician or Midwife Conway S.C.

Given name added from a supplemental report .....  
 ..... 19 .. Registrar  
**(26)** Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
**(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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