

Form No. 1

(1) PLACE OF BIRTH

County of KershawTownship of DeKalbor
Inc. Town ofor
City of(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 Daniel Boykin 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 Twins or Triplets (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 29, 32 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Boykin

(9) PRESENT POSTOFFICE OF FATHER Canaan

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 64 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Boykin

(15) PRESENT POSTOFFICE OF MOTHER Canaan

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amy Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 112 Maple

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 6, 33 (28) J. H. Nelson 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.