

(1) COUNTY OF Chatham STATE OF Georgia
 County of Chatham State of Georgia
 Township of Chatham State of Georgia
 or
 Inc. Term of Chatham State of Georgia
 or
 City of Chatham State of Georgia
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 9 State of Georgia

(2) Full Name of Child Nathaniel Beatty Boyd (If child is not yet named, give name of child at birth)

(3) SEX Boy (4) AGE 2 years (5) BIRTH DATE Feb 2 1927 (6) TIME 11:00 (7) PLACE Chatham

FATHER (8) NAME Francis Boyd (9) NAME Emmie Beatty

(10) NAME Mr Phasand SC (11) NAME Mr Phasand SC

(12) COLOR White (13) ABILITY H 4 (14) COLOR White (15) ABILITY 7

(16) RESIDENCE Charleston SC (17) RESIDENCE Lancaster SC

(18) OCCUPATION Farmer (19) OCCUPATION House wife

(20) Number of children born to mother, including present one 12 (21) Number of children of this mother now living, including present one 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was.... born (Date of birth) (Hour A. M. or P. M.)
 on the date above stated.
 (23) (Signature) W. Phasand SC
 (24) Name of Physician or Midwife Physician (25) Address of Physician or Midwife Chatham

Given name added W. Phasand SC
 and report
 (26) Witness (Signature of Witness necessary only when question is to certify birth)
 (27) Filed Nov 1 1927 (28) Chatham

When there was no attending physician or midwife, then the father, mother, or other person, if a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.