

(1) PLACE OF BIRTH

County of AdairTownship of Adairor
Inc. Town of
or
City of Adair

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Harvey Boyd3) BOY or
GIRL? Boy(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes(7) DATE OF BIRTH Nov 23 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME Daniel Carter Boyd9) PRESENT
POSTOFFICE
OF FATHER Adair S.C.10) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 29
(Years)12) BIRTHPLACE Adair Co S.C.13) OCCUPATION Automobile mechanic14) Number of children born to
mother, including present birth 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Salina Marie Berry(15) PRESENT
POSTOFFICE
OF MOTHER Adair S.C.(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 23
(Years)(18) BIRTHPLACE Adair S.C.(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 Adair at 5:45 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Harry H. Mann, M.D.(24) State whether Physician or Midwife PhysicianGiven name added from a supplement
report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 12/2/1922 (28) H. H. Mann Local RegistrarWhen 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.should make this return.
before the fifth month of pregnancy.per H. H. MannFile No.—For State Registrar Only
36924

For Only

Ward)

make
ected

Sc.

M.
M.)

176