

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
County of Abbeville
Township of

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

File No.—For State Registrar Only
34314

Inc. Town of Registration District No. 1 A Registered No. 102
City of Abbeville (No. St. Ward) (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Edward William Boyd (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 3 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Edward William Boyd
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Ga
(13) OCCUPATION R.R. Fireman
(14) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Lilly May Jones
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Lumberville Ga
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Abbeville S.C.

Given name added from a supplemental report
.....

(26) Witness (Signature of witness necessary only when question 22 is signed by mark)
(27) Place Abbeville S.C. Name James J. G. Little 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 sixth month of pregnancy.

1. PLACE OF BIRTH

County of Albermarle

Township of _____

or
Inc. Town of Albermarleor
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1a

Registered No. _____

(For use of Local Registrar)

(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

Paul Jeremiah Bond Jr.

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

3. SEX OR

A. Twin or
Triplet?B. Number in order
of birthC. Are
Parents
Married?

4. DATE OF BIRTH

32-3

(Name of Month)

(Day)

(Year)

To be answered only in event of Twins or Triplets

FATHER

5. FULL
NAMEPaul Bond6. PRESENT
POSTOFFICE
OF FATHERHobbes Co.10. COLOR
OR
RACEWhite11. AGE AT LAST
BIRTHDAY27

(Years)

12. BIRTHPLACE

Kennett Ga.

13. OCCUPATION

R. R. Fireman20. Number of children born to
mother, including present birthOne

MOTHER

14. NAME BEFORE
MARRIAGELedy May Jones15. PRESENT
POSTOFFICE
OF MOTHERHobbes Co.16. COLOR
OR
RACEWhite17. AGE AT LAST
BIRTHDAY28

(Years)

18. BIRTHPLACE

Dawsonville Ga.

19. OCCUPATION

Housewife21. Number of children of this mother
now living, including present birthOne

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(Hour A.M. or P.M.)

23. Signature

[Signature]

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Hobbes Co.

Given name added from a supplemental report

_____, 193____

Registrar

26. Witness

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

27. Filed

_____, 19____

28.

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.