

(1) PLACE OF BIRTH

County of Harry
 Township of Simpson Creek
 or
 the Town of Loris
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

14471

Registration District No. 2509 Registered No. 19
 (For use of Local Registrar)

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

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

(3) SEX Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH March 10 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Graydon Boyd
 (9) PRESENT POSTOFFICE OF FATHER Loris SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (Year)
 (12) BIRTHPLACE Harry Co SC
 (13) OCCUPATION Merchant

MOTHER.
 (14) NAME BEFORE MARRIAGE Fannie Beulah Graham
 (15) PRESENT POSTOFFICE OF MOTHER Loris SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Year)
 (18) BIRTHPLACE Harry Co SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:15 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Richardson (24) State witness Physician (25) Address of Physician or Midwife Loris SC

Given name added from a supplemental report

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

(27) Filed Mar. 13 1923 (28) James H. Richardson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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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