

Form No. 1

## (1) PLACE OF BIRTH

County of ShoemakerTownship of Cam

or

Inc. Town of .....

or

City of .....

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

## (2) Full Name of Child

Clara Boyd

File No.—For State Registrar Only

34185

Registration District No. .... Registered No. 21  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 16 1922</u> (Name) (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Samuel Boyd(9) PRESENT POSTOFFICE OF FATHER Harleyville, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years) .....(12) BIRTHPLACE Harleyville(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Waites(15) PRESENT POSTOFFICE OF MOTHER Harleyville(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years) .....(18) BIRTHPLACE Harleyville(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

(26) Witness Samuel Boyd  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 19 22 (28) Galla Min. Stat.  
Registrar 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

Bureau of Columbia, Columbia, S. C.