

Form No. 10.

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.

City of Columbia.

McCaw.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH** STATE OF SOUTH CAROLINA. County of Greenwood Bureau of Vital Statistics Township of State Board of Health

Inc. Town of 96 Registration District No. 2310 Registered No. 88
 City of (No.) (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 Allen Boyd } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>31</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 12, 1915</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Frank Boyd</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Ninety Six S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(12) BIRTHPLACE <u>Greenwood Co.</u>	(13) OCCUPATION <u>Farm hand.</u>	(14) NAME BEFORE MARRIAGE <u>Martha Boyd</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Ninety Six S.C.</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(18) BIRTHPLACE <u>Greenwood Co.</u>	(19) OCCUPATION <u>Farm hand.</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5-P M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Boyd
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 96 S.C.

Given name added from a supplemental report

191 5
J. M. Turner
 Registrar

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

(27) Filed 191 5 (28) J. M. Turner
 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.

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