

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.

McCaw, of Columbia

(1) PLACE OF BIRTH
 County of Greenwood STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of
 or
 Inc. Town of 96 Registration District No. 2310 Registered No. 88
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
43142

(2) Full Name of Child Allen 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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 12, 1915
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Grant Boyd
 (9) PRESENT POSTOFFICE OF FATHER Ninety Six S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Greenwood Co.
 (13) OCCUPATION Farm hand.
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Maitha Boyd
 (15) PRESENT POSTOFFICE OF MOTHER Ninety Six S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Greenwood Co.
 (19) OCCUPATION Farm hand.
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

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

Given name added from a supplemental report
 1915
J. M. James
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1915 (28) J. M. James
 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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