

## (1) PLACE OF BIRTH

County of Sarens  
 Township of Cross Hill  
 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 Annie May Boyd

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 10 1902  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Will Boyd  
 (9) PRESENT POSTOFFICE OF FATHER Cross Hill  
 (10) COLOR OR RACE Dark Black (11) AGE AT LAST BIRTHDAY 32 (Year)  
 (12) BIRTHPLACE Cross Hill SC  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Fannie William  
 (15) PRESENT POSTOFFICE OF MOTHER Cross Hill SC  
 (16) COLOR OR RACE Dark Black (17) AGE AT LAST BIRTHDAY 27 (Year)  
 (18) BIRTHPLACE Cross Hill  
 (19) OCCUPATION farmer  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alice at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lester Workman(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife John W. Workman

Given name added from a supplemental report

(26) Witness Daisy David

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

(27) Filed May 12 1902(28) P. B. Workman

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.

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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15578

Registration District No. 29Registered No. 13

(For use of Local Registrar)

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P. M.,  
P. M.)

Midwife

C.

W.R.R.

SFD.