

## (1) PLACE OF BIRTH

County of Chesler STATE OF SOUTH CAROLINA.  
 Township of St. James Bureau of Vital Statistics  
 or Inc. Town of ..... Registration District No. 100 State Board of Health  
 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

18201

(2) Full Name of Child William K. Leon Boyd

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
 To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8 1910  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John F. Boyd  
 (9) PRESENT POSTOFFICE OF FATHER Wetmore K  
 (10) COLOR White (11) AGE AT LAST BIRTHDAY 25  
 (Years) (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Linton  
 (15) PRESENT POSTOFFICE OF MOTHER Wetmore SC  
 (16) COLOR White (17) AGE AT LAST BIRTHDAY 23  
 (Years) (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (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 ..... at ..... M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. O. Gregory(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. James SC

Given name added from a supplemental report

....., 191....

.....  
 Registrar(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 11 1910 (28) L. F. Linton  
 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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