

PLACE OF BIRTH

# CERTIFICATE OF BIRTH

FILE IN THE REGISTER

County of Charleston

State of SOUTH CAROLINA

464 80

City of Charleston

Registration District No. 9 A

Registered No. ....

St. Town of Charleston

Registration District No. 9 A

(For use of Local Registrar)

City of Charleston

Registration District No. 9 A

St. 2nd & 3rd Ward

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

(1) Full Name of Child William Boyd

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

(2) SEX Boy (3) Type of Yeo (4) Number in order of birth 1 (5) DATE OF BIRTH Jan 27 1919

## FATHER

(10) NAME BEFORE MARRIAGE Bernard Boyd  
(11) PRESENT ADDRESS OF FATHER Charleston SC  
(12) COLOR Colored  
(13) OCCUPATION Drum major  
(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN 9

## MOTHER

(10) NAME BEFORE MARRIAGE Julia Adams  
(11) PRESENT ADDRESS OF MOTHER Charleston SC  
(12) COLOR Colored  
(13) OCCUPATION Richland SC  
(14) NUMBER OF CHILDREN OF THIS MOTHER, INCLUDING PRESENT BORN 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 1145 on the date above stated. (Born alive or stillborn) (Born A. M. P. M.)

(23) (Signature) Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 210 St

Given name added from a supplemental report

(26) Witness Sis Williams

(27) Filed 73

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.