

## (1) PLACE OF BIRTH

County of LawrenceTownship of ResidenceInc. Town of LawrenceCity of Lawrence

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

5591

Registration District No. 3803Registered No. 3  
(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 Isola Boyd

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

BIRTH 1/28/22  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Davis Scott

(14) NAME BEFORE MARRIAGE

Eppie Boyd

(9) PRESENT POSTOFFICE OF FATHER

Gadsden

(15) PRESENT POSTOFFICE OF MOTHER

Gadsden

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

35  
(Years)

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(12) BIRTHPLACE

Gadsden

(18) BIRTHPLACE

Richland Co

(13) OCCUPATION

Farmer

(19) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was.... at 3 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Loyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1/31/22

(28)

SA. Ferguson  
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.