

(1) PLACE OF BIRTH

County of *Yamfield*Township of *1*Inc. Town of *Reeds*City of *Reeds*

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

(2) Full Name of Child *Robert Board* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 4, 1900</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <i>George Board</i>	(14) NAME BEFORE MARRIAGE <i>Sallie Lyles</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Reeds, S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Reeds, S.C.</i>
(10) COLOR OR RACE <i>Black</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> (Years)	(16) COLOR OR RACE <i>Black</i>	(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)
(12) BIRTHPLACE <i>Yamfield, Co.</i>	(18) BIRTHPLACE <i>Yamfield</i>	(13) OCCUPATION <i>Yam Laborer</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Martha Young*(24) State whether Physician or Midwife *Midwife* (25) Address of Physn. or Midwife *Shelton, S.C.*

Given name added from a supplemental report

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

(27) Filed *June 18, 1900* (28) *Mrs. B. W. Tancette* 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.