

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.  
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Rich. Jan. 1900</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		34296	
Township of .....		Registration District <u>1907</u>		Registered No. <u>88</u> (For use of Local Registrar)	
or Inc. Town of <u>Ridgeway, S.C.</u>		(No. <u>1907</u> St. <u>88</u> Ward <u>88</u> )			
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 <u>Eggie Boykin</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 30, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Jessie Boykin</u>			(14) NAME BEFORE MARRIAGE <u>Elizabeth G. Burch</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ridgeway, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeway, S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Rich. Jan. 1900</u>			(18) BIRTHPLACE <u>Fairfield, S.C.</u>		
(13) OCCUPATION <u>Butcher</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was, <u>Born alive</u> at <u>9 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour <u>A.</u> or <u>P.M.</u> )					
(23) (Signature) <u>Annie Pate Ridgeway</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Ridgeway, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>Albert B. Baker</u> (Signature of Witness necessary only when question 23 is signed by mark)		
<u>Annie Pate</u>			(27) Filed <u>1/2-22</u> (28) <u>L. E. Stetter</u> 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.					