

(1) PLACE OF BIRTH **Charleston** **CERTIFICATE OF BIRTH**
 County of **Charleston** **STATE OF SOUTH CAROLINA.**
 Bureau of Vital Statistics
 State Board of Health
 Township of **Charleston**
 Inc. Town of **Charleston** Registration District No. **9A** Registered No. **948**
 or **Charleston** (For use of Local Registrar)
 City of **Charleston** (No. **193**) (St. **19** Ward **19**)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
75971

(2) Full Name of Child **Boyd, Boy Claire** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? **X** (5) Number in order of birth **2** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Sept 7 1916**
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME **Johnnie J. Claire**
 (9) PRESENT POSTOFFICE OF FATHER **Charleston S.C.**
 (10) COLOR OR RACE **W** (11) AGE AT LAST BIRTHDAY **27** (Years)
 (12) BIRTHPLACE **S.C.**
 (13) OCCUPATION **Mechanic**
 (20) Number of children born to mother, including present birth **2**

MOTHER
 (14) NAME BEFORE MARRIAGE **Jones' Nancy**
 (15) PRESENT POSTOFFICE OF MOTHER **Charleston S.C.**
 (16) COLOR OR RACE **W** (17) AGE AT LAST BIRTHDAY **23** (Years)
 (18) BIRTHPLACE **Charleston S.C.**
 (19) OCCUPATION **Dom.**
 (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 **born** at **412 P.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Key Pearson**

(24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **97 Wentworth St.**

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 **9/13/16** (28) **J. H. ...** 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.