

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

County of RichlandTownship of # 10Inc. Town of Registration District No. 792City of St.;

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

Registered No. 42747

(For use of Local Registrar)

(2) Full Name of Child Nattie Adeline Boudrix

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 30 (8) (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Will Frankline Boudrix(10) PRESENT POSTOFFICE OF FATHER Boonman SC(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 38 (Years)(13) BIRTHPLACE SC(14) OCCUPATION Farmer & Blacksmith(15) Number of children born to mother, including present birth Six

MOTHER.

(16) NAME BEFORE MARRIAGE Pearl Scott(17) PRESENT POSTOFFICE OF MOTHER Boonman SC(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 28 (Years)(20) BIRTHPLACE SC(21) OCCUPATION Domestic(22) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated.(24) (Signature) Chas. Hamilton(25) State whether Physician or Midwife Physician(26) Address of Physician or Midwife Coxton SC

Given name added from a supplemental report

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

(28) Filed Nov 30 1911 (29) E. G. Friday Local Registrar

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.