

(1) PLACE OF BIRTH
County of *Aiken Co.*
Township of *W.L. Hill*....
or
Inc. Town of.....
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 *Julie Margaret Boughman*

(3) Sex—
 girl Boy
 Twin Triplets
To be answered only in event of Twins or Triplets

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

File No.—For State Registrar Only
26871

Registration District No. *208* Registered No. *13*.....
(For use of Local Registrar)

(No. Bl.; Ward)
If child is not yet named, make
supplemental report as directed

(10) Are
Parents
Married? *yes*
(11) DATE OF
BIRTH *Sept. 13, 1923*
(Name of Month) (Day) (Year)

FATHER.

(4) FULL NAME *John Boughman*
(5) PRESENT POSTOFFICE OF FATHER *Easley SC*
(6) COLOR OR RACE *white*
(7) AGE AT LAST BIRTHDAY *48* (Years)
(8) BIRTHPLACE *Aiken Co.*
(9) OCCUPATION *farmer*

(12) NAME BEFORE MARRIAGE *Julie Hallman*
MOTHER.

(13) PRESENT POSTOFFICE OF MOTHER *Easley SC*
(14) COLOR OR RACE *white*
(15) AGE AT LAST BIRTHDAY *45* (Years)
(16) BIRTHPLACE *Aiken Co.*
(17) OCCUPATION *wife*

(21) Number of children of this mother now living, including present birth *11*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 A.M.* (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *Julie Gray* (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Easley SC*

Given name added from a supplemental report

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

(27) Filed *10/8/1923* (28) *J.C. [Signature]* 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.