

FOR FILING. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 6.

(1) PLACE OF BIRTH

County of Union Co.
 Township of Buffalo
 or
 Int. Town of Buffalo
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2657

Registration District No. 42B

Registered No. 4
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of street and number.)

(2) Full Name of Child Jerry Herman Bobo (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>33</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 16, 22</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Berlin FATHER</u> <u>Ben Hicks Bobo</u>		(9) MOTHER <u>Pauline McCreary</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Buffalo SC</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Buffalo SC</u>		
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>33</u> (Year)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>29</u> (Year)	
(16) BIRTHPLACE <u>Union County</u>		(17) BIRTHPLACE <u>Union County</u>		
(18) OCCUPATION <u>mill work</u>		(19) OCCUPATION <u>House-work</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Berlin at 8 P. M. on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.)

(23) (Signature) J. P. Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Buffalo SC

Given name added from a supplemental report

M. B. Woodward, M.D.

1/11/23 19 23
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 9, 1923 (28) J. F. Woodward
 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.

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