

(1) PLACE OF BIRTH

County of York
Township of King's Mtn.
or
Inc. Town of Clayton
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20578

Registration District No. 4.4.0.7

Registered No. 43

(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. B. Bolin
(9) PRESENT POSTOFFICE OF FATHER Edinboro
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE York Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Bolin
(15) PRESENT POSTOFFICE OF MOTHER Edinboro
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE York Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was female at 3.3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) The undersigned

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Edinboro, S. C.

Given name added from a supplemental report

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

(27) Filed June 30, 1922 (28) Edinboro 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.