

(1) PLACE OF BIRTH

County of Aiken
Township of Rocky Mount
or
Inc. Town of
or
City of

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

File No. For State Registrar
71107

Registration District No. 209

Registered No. 32
(For use of Local Registrar)

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

(2) Full Name of Child

Wyatt Reginald Boyleston
If child is not yet named, make supplemental report as directed.

(3) Sex OR
Boy

(4) Twin
or Triplet?

(5) Number in
order of birth

(6) Are
Parents
Married?

(7) DATE OF
BIRTH June 10, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) Full
Name

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1230 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

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

(27) Filed Sept 17, 1916. (28) D. C. Jones 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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