

Form No. 1

(1) PLACE OF BIRTH

County of Maulbo

Township of

or

Inc. Town of

or Bennettsville

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43684

Registration District No. 334 Registered No. 133
(For use of Local Registrar)

(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 Boyskin Jessie G. (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> To be answered only in event of Twins or Triplets | (5) Number in order of birth <u>1</u> | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>Dec 18 1892</u> (Name of Month) (Day) (Year) |
|----------------------------|---|---------------------------------------|------------------------------------|--|

FATHER.

(8) FULL NAME Boyskin Jessie(9) PRESENT POSTOFFICE OF FATHER Bennettsville, SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Maulbo Co, SC(13) OCCUPATION Delivery man(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lutie Lince(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Maulbo Co, SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Albert at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Deborah Grace(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bennettsville, SC

Given name added from a supplemental report

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

(27) Dec 18 1892 (28) Mr J. M. Pot 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.

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 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.