

MARGIN RESERVED FOR BINDING.  
 WHEN FILLING, 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 5.  
 State of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of Dorchester

Township of Boyle

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.)

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46072

Registration District No. 1745 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child John Edward Bozard

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

(3) BOY OR GIRL boy (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 28 1916

## FATHER.

(8) FULL NAME John Bozard

(9) PRESENT POSTOFFICE OF FATHER Reensville, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Dorchester Co. S.C.

(13) OCCUPATION farming

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Ret. Weeks

(15) PRESENT POSTOFFICE OF MOTHER Reensville, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 44 (Years)

(18) BIRTHPLACE Dorchester Co. S.C.

(19) OCCUPATION house wife

(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was alive at on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 9:30

(22) (Signature) Henry H. Reens

(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Mark

Given name added from a supplemental report

(25) Witness J. H. H. (Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed Jan 30 1916 (27) L. M. Heaton 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.