

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Abbevilleor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
19582Registration District No. 100 Registered No. 42

(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 Sara Elizabeth Boyal If child is not yet named, make supplemental report as directed(3) SEX OR GIVE girl (4) Twin or Triplet To be covered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 21, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sodney Boyal(9) PRESENT POSTOFFICE OF FATHER Abbeville(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Section Labor(14) Number of children born to mother, including present birth 1 - One -

MOTHER.

(14) NAME BEFORE MARRIAGE Eva M. Boyal(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C. R. 3(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Gravies(20) Number of children of this mother now living, including present birth One -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Phyllis X Boyal(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

(25) Witness J. E. Purshy
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed July 21, 1923 (27) J. E. Purshy
Local Registrar

*When there was no attending physician or midwife, then the father, householders, etc., should make this report. 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.

MARGIN RESERVED FOR ENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 Columbia, COLUMBIA, S. C.