

(1) PLACE OF BIRTH

County of UnionTownship of Cross Keys

Inc. Town of

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

30426

Registration District No. Registered No. 27

(For use of Local Registrar)

2) Full Name of Child Mary Florence Boling If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? girl (2) Twin or Triplet? .. (3) Number in order of birth .. (4) Are Parents Married? yes (5) DATE OF BIRTH Sept 19 23

(Name of Month) (Day) (Year)

FATHER

(6) FULL NAME Charlie Boling(7) PRESENT POSTOFFICE OF FATHER Sedalia S.C.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 45 (Years)(10) BIRTHPLACE Union County S.C.(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 8

MOTHER

(13) NAME BEFORE MARRIAGE Lulu Lee Boling(14) PRESENT POSTOFFICE OF MOTHER Sedalia S.C.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 35 (Years)(17) BIRTHPLACE Union County(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) G. F. Moselle

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Physician Union S.C.

Given name added from a supplemental report

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

(25) Filed 191 (26) G. F. Moselle (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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