

(1) PLACE OF BIRTH

County of McCormickTownship of Boysen

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

Registration District No. 500

File No. — For State Registrar Only

35441

Registered No. 85
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Sam

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>June 28, 1922</u> (Month) (Day) (Year)
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FATHER

(8) FULL NAME James Henry(9) PRESENT POSTOFFICE OF FATHER McCormick(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Samie Boggs

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Blk 3 P. St. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Legg Wells

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 11, 1922 (28) B. A. Mattison
Registrar 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.