

(1) PLACE OF BIRTH

County of Darlington S.C.
 Township of Hartsville

or
 Inc. Town of

City of (No. St.; Ward)
 (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

41971

Registration District No. 1502 Registered No. 117....
 (For use of Local Registrar)

(2) Full Name of Child Vinnie Lorne Boon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH: Dec 3 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Carlton Boon

(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Year)

(12) BIRTHPLACE Wheeler Field, Ga.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1 child

MOTHER.

(14) NAME BEFORE MARRIAGE Vinnie Horne

(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Year)

(18) BIRTHPLACE Darlington S.C.

(19) OCCUPATION Home Work

(21) Number of children of this mother now living, including present birth 1 child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.... alive at 10:24 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Jane Samuel

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hartsville S.C. N.Y. 106

Given name added from a supplemental report

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

(27) Date Dec 14 22 (28) 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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IN CASE OF TWIN OR TRIPLETS, PRINT NAME AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.

MACAN OF COLUMBIA, S. C.

MACAN