(1) PLACE OF BIRTH

County of Marion

Township of .....

or

Inc. Town of .....

or

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
35579

Registration District No. 3105 Registered No. 119
(For use of Local Registrar)

(2) Full Name of Child Barney B. Bosley Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 1 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Barney B. Bosley	(14) NAME BEFORE MARRIAGE Nell Cecil
(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 49 (Years)	(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Marion Co	(18) BIRTHPLACE Marion Co
(13) OCCUPATION Merchant	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Frank L. Martin, M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Mullins, S.C.

Given name added from a supplemental report .....

..... 19 .....
Registrar

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

(27) Filed Oct 30 19 22 (28) J. M. Schofield
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.

before the fifth month of pregnancy.

Before the fifth month of pregnancy.