

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Guest Sea

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15346

Registration District No. 250Registered No. 49

(For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

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

3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 16 1933
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Stephen Boyer9) PRESENT POSTOFFICE OF FATHER Labor NC R210) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)12) BIRTHPLACE Horry Co. S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Cora Causee15) PRESENT POSTOFFICE OF MOTHER Labor NC R216) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)18) BIRTHPLACE Horry Co. S.C.19) OCCUPATION house wife21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6.4 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie Newman(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness E. J. Suppene

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

(27) Filed May 18 1933 (28) E. J. Suppene 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
In case of TWINS or TRIPLETS use a separate blank for each child, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MCLEAN OF COLUMBIA, COLUMBIA, S. C.