

7/5/82

8/13/42

22 049390

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH County of <u>Richland</u> Township of _____ or Inc. Town of _____ or City of <u>Columbia</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>38-a</u>		FILE No.—For State Registrar Only <u>04941</u>	
2. FULL NAME OF CHILD <u>HOWARD LEE BOATWRIGHT</u>		Registered No. _____ (For use of Local Registrar)		Ward _____	
3. Boy or Girl <u>Boy</u>	If Plural births <u>no</u>	4. Twin, triplet or other <u>no</u>	5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>
8. Date of birth <u>12-17-22</u> (Month, day, year)					
9. Full name <u>Henry Boatwright</u> FATHER			18. Name before marriage <u>Laura Smoke</u> MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>Columbia S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Columbia S.C.</u>		
11. Color or race <u>Colored</u>		12. Age at child's birth <u>2 1/2</u> (years)		20. Color or race <u>Colored</u>	
13. Birthplace (city or place) (State or country) <u>Arlington S.C.</u>		21. Age at child's birth <u>22</u> (years)		22. Birthplace (city or place) (State or country) <u>Arlington S.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Garage Worker</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Auto Repair</u>		16. Date (month and year) last engaged in this work <u>1922</u>	
17. Total time (years) spent in this work <u>2 yrs</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
25. Date (month and year) last engaged in this work <u>all</u>		26. Total time (years) spent in this work <u>all</u>		27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>none</u> (c) Stillborn <u>none</u>	
28. If stillborn, period of gestation <u>none</u> (months/weeks)		29. Cause of stillbirth <u>none</u>		Before labor <u>none</u> During labor <u>none</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 12 o'clock on the date above stated.  
(Born alive or stillborn)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Given name added from  
a supplementary report \_\_\_\_\_  
(Date of)

(Signed) Laura Boatwright, Parent

or \_\_\_\_\_ Guardian  
Address 6424 Russell St Detroit

Filed Sept 4, 1942 Wm B Woodward  
Registrar.