

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

43404

County of LEE  
Township of SPRING HILL

or

Inc. Town of.....

or

City of.....

Registration District No. 3006Registered No.....  
(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 RUTHY NELL BOYKIN

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

|                                |                                    |  |  |  |
|--------------------------------|------------------------------------|--|--|--|
| (1) BOY OR GIRL<br><u>GIRL</u> | (4) Twin or triplet?<br><u>ONE</u> | (5) Number in order of birth<br><u>ONE</u> | (6) Are Parents Married?<br><u>YES</u> | (7) DATE OF BIRTH<br><u>DEC. 22/1918</u> |
|--------------------------------|------------------------------------|--|--|--|

To be answered only in event of Twins or Triplets

(8) FULL NAME  
Jessie BOYKINMOTHER.  
JEROME BOYKIN(9) PRESENT POSTOFFICE OF FATHER  
UN. S.C.(15) PRESENT POSTOFFICE OF MOTHER  
ALZELS.C. RFD.(10) COLOR OR RACE  
WHITE(11) AGE AT LAST BIRTHDAY  
20 yrs. (Years)(16) COLOR OR RACE  
WHITE(17) AGE AT LAST BIRTHDAY  
18 (Years)(12) BIRTHPLACE  
S.C.(18) BIRTHPLACE  
S.C.(13) OCCUPATION  
AT\* SCHOOL(19) OCCUPATION  
AT\*HOME(20) Number of children born to mother, including present birth  
ONE(21) Number of children of this mother now living, including present birth  
ONE

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was.....st.....M.,  
on the date above stated: (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness [Signature]

(Signatures of witnesses necessary only when question 23 is signed by mark)

(27) Filed Jan. 1, 1919(28) J. M. Outlaw 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.