

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 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

26309

Registration District No. 2209A Registered No. 272

(For use of Local Registrar)

(No. 9 Fourth St. W. W. W. W.)

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

(2) Full Name of Child Harold George Boling (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 March 18, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jess Boling
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE S.C.

(13) OCCUPATION Painter

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Unity Porter
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jess T. Walker(24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Aug 17, 22 (28) A. H. M. M. M. 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.