

(1) PLACE OF BIRTH

County of Saluda

Township of #2

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

32034

Registration District No. 3901

Registered No. 80
(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Cathleen Boatwright

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>2</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents married? <u>yes</u>	(7) DATE OF BIRTH <u>June 23, 1922</u> <small>(Month) (Day) (Year)</small>
--------------------------------	------------------------------------------------------------------------------------------------------	------------------------------------------	----------------------------------------	----------------------------------------------------------------------------------

FATHER.

(8) FULL NAME <u>Harley W. Boatwright</u>	(11) AGE AT LAST BIRTHDAY <u>53</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>Ridge Spring</u>	
(10) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Lexington Co.</u>	
(13) OCCUPATION <u>Farmer & Blacksmith</u>	
(20) Number of children born to mother, including present birth <u>2</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Vila Smith</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>
(15) PRESENT POSTOFFICE OF MOTHER <u>Ridge Spring</u>	
(16) COLOR OR RACE <u>white</u>	
(18) BIRTHPLACE <u>Saluda Co.</u>	
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. D. B. Frantis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report

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

(27) Filed Oct 10, 1922 (28) F. W. Crouch
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.

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.

THIS IS A PERMANENT RECORD
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2

RECORD OF COLUMBIA, COLUMBIA, D. C.