

Form No. 1

(1) PLACE OF BIRTH

County of Chester

Township of

or

Inc. Town of Blacksboro

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41555

Registration District No. Registered No.
(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 John Wesley Boulware ~~Childs not yet named, make~~
~~supplemental report as directed~~

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec 17, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Young Boulware(9) PRESENT POSTOFFICE OF FATHER Blacksboro(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Pearle Coleman(15) PRESENT POSTOFFICE OF MOTHER Blacksboro(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm hand(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Colman at 6 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Della Brice

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Blacksboro S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 21, 1922 () W. G. Blum
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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.