

Form No. 6

MARGIN RESERVED FOR STATE REGISTER ONLY

THIS FAMILY WITH THIS CHILD IS A FIRST-BORN CHILD. MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of York
 Township of Cheney
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
87925

Registration District No. 4405 Registered No. 114
 (For use of Local Registrar)

(2) Full Name of Child Albert Jones (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? B. (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 24 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Fred Louis Boulware
 (9) PRESENT POSTOFFICE OF FATHER Post Miss. P. O. D. 3.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE Fairfield Co. S.C.
 (13) OCCUPATION Miss Operator
 (20) Number of children born to mother, including present birth 2nd

MOTHER.
 (14) NAME BEFORE MARRIAGE Eric Louisa Wallow
 (15) PRESENT POSTOFFICE OF MOTHER P. O. P. O. D. 3.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE Ronca Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was B. alive at a. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Dorced Kyle M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

 19
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 12/1/16 19 16 (28) J. Hamble 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.

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