

9/21/44
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U. S. Dept. of Commerce
Bureau of the Census

Standard Certificate of Birth

FILE No.—For State Registrar Only
00078

1. PLACE OF BIRTH
County of Aiken
Township of _____
or
Inc. Town of Salley, S.C.
or
City of _____

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 209

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 Mildred Clarissa Bolen { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>girl</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>Jan 21, 1916</u> (Month, day, year)
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9. Full name **FATHER**
David Daniel Bolen

18. Name before marriage **MOTHER**
Lottie Lee Fogle

10. Residence (mailing address)
(If non-resident, give place and State) Salley

19. Residence (mailing address)
(If non-resident, give place and State) Salley

11. Color or race white 12. Age at child's birth 31 (years)

20. Color or race white 21. Age at child's birth 27 (years)

13. Birthplace (city or place)
(State or country) Orangenburg, S.C.

22. Birthplace (city or place)
(State or country) Orangenburg, S.C.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Coca Cola Co.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work July 30th 1940

25. Date (month and year) last engaged in this work Sept 15th 1944

17. Total time (years) spent in this work 25 26. Total time (years) spent in this work 37

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 4 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 3 P. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

(Signed) Lottie Lee Bolen, Parent

Given name added from a supplementary report..... (Date of) _____

or....., Guardian
Address Summerville, S.C.

Filed Sept 29, 1944 L.A. Riser, M.D.
Registrar.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)