

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72905

(1) PLACE OF BIRTH

County of

Greenville

Township of

Custer

or

Inc. Town of

Simpsonville

or

City of

(No.)

Registered No. *81*

(For use of Local Registrar)

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

(2) Full Name of Child. *Carther Bolt*

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug. 20, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Acie Bolt

(9) PRESENT POSTOFFICE OF FATHER

Simpsonville

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Greenville Co

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lida (Dudman)

(15) PRESENT POSTOFFICE OF MOTHER

Simpsonville, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

34

(Years)

(18) BIRTHPLACE

Greenville Co

(19) OCCUPATION

House Work

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5-a* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. P. ...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Micrope**Simpsonville 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 *Sept 8, 1916*(28) *J. L. Richardson*

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Cav. of Columbia.