

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of

Charleston

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76034

Township of

or
Inc. Town of

Charleston

Registration District No.

9A

Registered No.

1030

(For use of Local Registrar)

City of

Reverade Infirmary 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 Austin Boel

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth —

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept. 21, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Austin Boel

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

41

(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Physician

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Dorothy June Thomson

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Aberdeen Scotland

(19) OCCUPATION

None

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 45 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

G. Traylor Johnson M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

279 Calhoun

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed

9/28/16

191.....

(28)

J. Mercier Green M.D. 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 FADING 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.

McCaw, of Columbia.