

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Society Hill  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

998

Registration District No. 1510Registered No. 1  
(For use of Local Registrar)

City of ..... (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 Belle Bostie

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan. 1, 1932  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Manny Bostie

(9) PRESENT POSTOFFICE OF FATHER

Society Hill

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

(Years)

32

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Belle McPhail

(15) PRESENT POSTOFFICE OF MOTHER

Society Hill

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

(Years)

30

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm helper

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was B. m. alms ..... at 8 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. J. Davis  
Midwife  
Society Hill

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 10 1932

(28)

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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Revised by Columbia, Columbia, S. C.