

(1) PLACE OF BIRTH
County of Colleton
Township of Warren
or
Inc. Town of Summers
or
City of SC
(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
45938

Registration District No. 1410 Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Robert Boyel 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 28 1916
(Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Boyel
(9) PRESENT POSTOFFICE OF FATHER Plant City Fla
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Colleton County SC
(13) OCCUPATION Truck farming
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Harrison
(15) PRESENT POSTOFFICE OF MOTHER Summers SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Colleton Co Warren Township
(19) OCCUPATION Farmer hand
(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 alive, at 11 P.M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Hattie M. Butler
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Summers SC

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 Jan 28 1916 (28) Louis C. Raguet 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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VIEW NOT IN WRITTEN PLAINLY. WITH UNFOLDING INK—THIS IS A FOREMAN'S REPORT. FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 8.