

## (1) PLACE OF BIRTH

County of LefloreTownship of Congo

Incl. Town of .....

City of .....

(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

39276

Registration District No. 3105Registered No. 134

(For use of Local Registrar)

(2) Full Name of Child. Mrs. L. Boozar { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 26, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Moses Boozar(9) PRESENT POSTOFFICE OF FATHER Coyce A.S.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Leflore Co.(13) OCCUPATION Public Work(14) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Minnie Lee Kimbol(15) PRESENT POSTOFFICE OF MOTHER Coyce A.S.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Wicken Co.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born Nov. 26, 1922 at 7:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mrs. L. Boozar

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Midwife Newborn Land

Given name added from a supplemental report

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

(26) Filed 11/30, 1922 (27) J. B. Brown 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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