

(1) PLACE OF BIRTH Spartanburg STATE OF SOUTH CAROLINA.

County of Spartanburg Bureau of Vital Statistics

Township of Beech State Board of Health

or Inc. Town of ..... Registration District No. 4100A

or City of ..... (No. .... St.; .... Ward)

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

File No. For State Registrar Only  
**50429**

(2) Full Name of Child Late Boywell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 6 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Lucas Perry Boywell  
(9) PRESENT POSTOFFICE OF FATHER Welford S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE Lawrens S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Relen Clayton  
(15) PRESENT POSTOFFICE OF MOTHER Welford S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)  
(18) BIRTHPLACE Greer S.C.  
(19) OCCUPATION Housewife  
(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 born at 6 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) W. S. Sanford M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 ..... 191..... (28) J. L. Moore 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.

Registrar 1 Local Registrar

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FORM NO. 1 (REVISED 1915) STATE BOARD OF HEALTH, COLUMBIA, S. C. McCaw, of Columbia. McCaw.