

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of.....
 or
 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

18806

Registration District No. 2709A Registered No. 195
 (For use of Local Registrar)

(No. 302 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

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

(3) BOY OR GIRL..... (4) Twin or Triplet?..... (5) Number in order of birth..... (6) Are Parents Married?..... (7) DATE OF BIRTH.....
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Monroe Boone
 (9) PRESENT POSTOFFICE OF FATHER 86-11 1/2 Ave. miles
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44 (Years)
 (12) BIRTHPLACE Autons Co NC
 (13) OCCUPATION Iron Worker

(14) NAME BEFORE MARRIAGE Miss Sophie Hardy
 (15) PRESENT POSTOFFICE OF MOTHER Fort
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Whitman Co W.Va.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(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 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thas. J. Harrison(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife U.S.C.

Given name added from a supplemental report

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

(27) Filed June 15 19 71 (28) A. W. M. Ash 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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RECORDS OF BIRTHS IN THE SEVERAL STATES BEARING FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECORD OF COLUMBIA, COLUMBIA, S. C.

RECORD