

(1) PLACE OF BIRTH

County of FairfieldTownship of Fiveor
Inc. Town ofor
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

34284

or Only

Registration District No. 5Registered No. 3

(For use of Local Registrar)

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(2) Full Name of Child

No Name

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 141922

(8) FULL NAME

Jas. B. Boulware

(9) NAME BEFORE MARRIAGE

Lula M. Boulware

(10) PRESENT POSTOFFICE OF FATHER

Star R. Winthrop, S.C.

(11) PRESENT POSTOFFICE OF MOTHER

Star R. Winthrop, S.C.

(12) COLOR OR RACE

Colored

(13) AGE AT LAST BIRTHDAY

50

(14) COLOR OR RACE

Colored

(15) AGE AT LAST BIRTHDAY

35

(16) BIRTHPLACE

Fairfield Co. Boulware's Place

(17) BIRTHPLACE

Fairfield Co. Boulware's Place

(18) OCCUPATION

Farmer

(19) OCCUPATION

Farmer's Wife

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

13

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.7 O'clock A.M.P.M.

(23) (Signature)

Nancy J. Boulware

(24) State whether Physician or Midwife

MidwifeMidwife

Given name added from a supplemental report

101

Registrar

(26) Witness

X

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

(27) Filed

Sept. 1924

(28) M. M. Storer

Local Registrar

Local Registrarturn

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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