

## (1) PLACE OF BIRTH

County of RichlandTownship of .....

or

Inc. Town of .....City of Columbia SC (No. 800 Town 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 Boyle, Sander Lee

File No. — For State Registrar Only

2366

Registration District No. 38a Registered No. 1019

(For use of Local Registrar)

(3) BOY OR GIRL Girl(4) Twin or Triplet? 1

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

1/17/1922  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Hoyle Sander(9) PRESENT POSTOFFICE OF FATHER Columbia SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Lexington SC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie May Wurnell(15) PRESENT POSTOFFICE OF MOTHER Columbia SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Aiken SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Columbia SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-15 1922(28) Registrar [Signature]

\*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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