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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

## 1. PLACE OF BIRTH

County of Cleveland  
 Township of Fulton  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

00276

Registration District No. 1305 Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

(No. \_\_\_\_\_ 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 Henry Anderson Bozier { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy 1f Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married? yes 8. Date of birth July 22 19 16  
 Full term \_\_\_\_\_ Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

9. Full name Anderson Bozier FATHER 18. Name before marriage Louisa Ballard MOTHER

10. Residence (mailing address) Pinewood, S.C. 19. Residence (mailing address) Pinewood, S.C.  
 (If non-resident, give place and State)

11. Color or race Negro 12. Age at child's birth 32 (years) 20. Color or race Negro 21. Age at child's birth 24 (years)

13. Birthplace (city or place) S.C. 22. Birthplace (city or place) S.C.  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) \_\_\_\_\_  
 19 \_\_\_\_\_ spent in this work \_\_\_\_\_ 19 \_\_\_\_\_ spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ (months \_\_\_\_\_ weeks \_\_\_\_\_) 29. Cause of stillbirth \_\_\_\_\_ (Before labor \_\_\_\_\_ During labor \_\_\_\_\_)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive 12 P.m. on the date above stated.  
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elizabeth Bozier Parent

Given name added from \_\_\_\_\_  
 a supplementary report \_\_\_\_\_  
 (Date of) \_\_\_\_\_

or \_\_\_\_\_ Guardian

Address 209 24th St. N.Y.

Filed 3/26/42, 19 42, M. B. Woodward, M.D.

Registrar.

Registrar.