

16 093399

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		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Cleveland</u>		STATE OF SOUTH CAROLINA		00276	
Township of <u>Fulton</u>		Registration District No. <u>1305</u>		Registered No. _____	
or Inc. Town of _____		(No. _____ St.; _____ Ward)		(For use of Local Registrar)	
City of _____		(If birth occurs in a hospital or other institution, give name of same instead of street and number)			
2. FULL NAME OF CHILD <u>Henry Anderson Bozier</u>				{ If child is not yet named, make supplemental report as directed.	
3. Boy or Girl <u>Boy</u>	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>July 22</u> 19 <u>16</u> Month day year
9. Full name <u>Anderson Bozier</u> FATHER			18. Name before marriage <u>Lucia Ballard</u> MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>Pinewood, S.C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Pinewood, S.C.</u>		
11. Color or race <u>Negro</u>		12. Age at child's birth <u>32</u> (years)		20. Color or race <u>Negro</u>	
13. Birthplace (city or place) (State or country) <u>S.C.</u>		21. Age at child's birth <u>24</u> (years)		22. Birthplace (city or place) (State or country) <u>S.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Framer</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>		
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) spent in this work _____		25. Date (month and year) last engaged in this work _____	
19. _____		_____		26. Total time (years) 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 <u>5</u> (b) Born alive but now dead <u>1</u> (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. 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 2nd 14th St. N.Y.

Filed 3/26/42, 1942, M. B. Woodward, M.D.
Registrar.