

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of BarnwellTownship of Elko A.C.Inc. Town of Elko A.C.City of Elko A.C.

(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

28983

Registration District No. 513Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child John Thaddeus Bolin

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

(3) ☒ BOY(4) ☐ TWIN or TRIPLET?(5) Number in order of birth 4(6) Are Parents Married? Yes(7) DATE OF BIRTH 9-2-22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mr Tracy Bolin

(9) PRESENT POSTOFFICE OF FATHER

Elko A.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE

Barnwell Co A.C.

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Ester Burk

(15) PRESENT POSTOFFICE OF MOTHER

Elko A.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE

Barnwell Co A.C.

(19) OCCUPATION

House wife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:40 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. S. Blanchard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Elko A.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 9 1922

(28)

W. Johnson

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.