

Form No. 1

(1) PLACE OF BIRTH

County of Union  
Township of Boyanville  
or  
Inc. Town of  
or  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**92084**

Registration District No. 4201 Registered No. 48  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? Yes (5) Number in order of birth  
(6) Are Parents Married? No (7) DATE OF BIRTH Dec 3 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Illegitimate  
(9) PRESENT POSTOFFICE OF FATHER  
(10) COLOR OR RACE  
(11) AGE AT LAST BIRTHDAY (Years)  
(12) BIRTHPLACE  
(13) OCCUPATION  
(14) Number of children born to mother, including present birth Three

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Pauline Pratt  
(15) PRESENT POSTOFFICE OF MOTHER Pauline Pratt  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Union Co S.C.  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was at 11 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Mrs. J. Lawson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pauline Pratt

Given name added from a supplemental report  
191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 20 1916 (28) J. D. Lawrence Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.

DO NOT WRITE IN THESE SPACES UNLESS DIRECTED TO DO SO BY THE REGISTRAR. NO. 1. THIS OFFICE, NO. 2, ETC., IN QUESTION 8.