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2-2-52 mb

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.)

U. S. Dept. of Commerce
Bureau of the Census

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3603

FILE No.—For State Registrar Only
93266-A

1. **PLACE OF BIRTH**
County of Newberry
Township of _____
or
Inc. Town of Newberry, Rural
or
City of _____ (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** BOYER (Charles) (If child is not yet named, make permanent name in English)

3. Sex or Child <u>Male</u>	4. M. Plural births	5. Twins, triplets or other births	6. Premature	7. Are Parents Married? <u>Yes</u>	8. Date of Birth <u>Oct. 10, 1923</u> (Month, day, year)
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<p>9. Full Name <u>Jim Boyer</u></p> <p>10. Residence (mailing address) (If non-resident, give place and State) <u>Newberry, RFD</u></p> <p>11. Color or race <u>Col.</u></p> <p>12. Birthplace (city or place) (State or country) <u>Manassas Co., Va.</u></p> <p>13. Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Saw Milling</u></p> <p>14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____</p> <p>15. Date (month and year) last engaged in this work 19....</p> <p>16. Total time (years) spent in this work 19....</p>	<p>17. Name before marriage <u>Leona Simons</u></p> <p>18. Residence (mailing address) (If non-resident, give place and State) <u>Newberry, RFD</u></p> <p>19. Color or race <u>Col.</u></p> <p>20. Birthplace (city or place) (State or country) <u>Manassas Co., Va.</u></p> <p>21. Trade, profession or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wash Woman</u></p> <p>22. Industry or business in which work was done, as dry goods, lawyer's office, silk mill, etc. _____</p> <p>23. Date (month and year) last engaged in this work 19....</p> <p>24. Total time (years) spent in this work 19....</p>
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25. Number of children of this mother
(At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

26. If stillborn, period of gestation..... { months weeks } 27. 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 at _____ m. on the date above stated.

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

Given name added from a supplementary report _____ (Date of) _____

Registrar.

(Signed) Leona Simons Parent
or _____, Guardian
Address _____
Filed 2-14, 1952 Thos. P. Lessemie
Registrar.