

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of #1
 or
 Inc. Town of Shelton
 or
 City of _____

(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
30053

Registration District No. 19.00 Registered No. 56
 (For use of Local Registrar)

(2) Full Name of Child Charlie Lee Roy Boulware (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 20 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Taylor
 (9) PRESENT POSTOFFICE OF FATHER Shelton S. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Fairfield Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rona May Boulware
 (15) PRESENT POSTOFFICE OF MOTHER Shelton S. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)
 (18) BIRTHPLACE Fairfield Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 P. M. on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) C. A. Crosby
 (24) State whether Physician or Midwife Physician (25) Address of Physic or Midwife Reeds, S. 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 29 1922 (28) Mrs E. W. Fausette 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.

RECORDS OF SOUTH CAROLINA: SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.