

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

MACAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>A. Beville</u> Township of <u>Carroll</u> or Inc. Town of..... or City of..... (No. St. Ward) (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 37
Registration District No. <u>109</u>		Registered No. <u>4</u> (For use of Local Registrar)		
(2) Full Name of Child <u>Edw. Boardman</u> If child is not yet named, make supplemental report as directed				
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22 22</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>George Boardman</u> (9) PRESENT POSTOFFICE OF FATHER <u>Carroll Falls S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>34</u> (Year) (12) BIRTHPLACE <u>A Beville Co</u> (13) OCCUPATION <u>Farmer</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Carrie Leely</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Carroll Falls S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>34</u> (Year) (18) BIRTHPLACE <u>A Beville Co</u> (19) OCCUPATION <u>Domestic</u> (20) Number of children born to mother, including present birth <u>4</u> (21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. (22) I hereby certify that I attended the birth of this child, who was... <u>alive</u> ... at <u>9:30</u> AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Reba Krumm</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Carroll Falls</u> Given name added from a supplemental report (26) Witness..... when question 23 is signed by mark (27) Filed <u>Feb. 4 1922</u> <u>A. C. Harney</u> Local Registrar 19..... 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.				