

## (1) PLACE OF BIRTH

County of *Newberry*Township of *Newberry*Inc. Town of *Newberry*City of *Newberry*

(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

11356

Registration District No. *346* Registered No. *48*

(For use of Local Registrar)

(No. *Newberry* *Colleton* *Mullis*; *5* Ward)(2) Full Name of Child *Harold Jacob Bousloght* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *Boy* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married *yes* (6) DATE OF BIRTH *March 22, 23* (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Osceola Berley Bousloght*(9) PRESENT POSTOFFICE OF FATHER *Newberry*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *26* (Years)(12) BIRTHPLACE *Lexington SC*(13) OCCUPATION *Mill Operator*(14) Number of children born to mother, including present birth *Two*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Julia Bailey Melton*(15) PRESENT POSTOFFICE OF MOTHER *Newberry*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *Clinton SC*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *one*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6:45* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. J. A. Brown*(24) State of *South Carolina* Physician or Midwife(25) Address of Physician or Midwife *Newberry*

Given name added from a supplemental report

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

(27) Filed *April 23, 1923* (28) *J. L. Cunningham* 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.

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MARRIAGE RECORDS FOR BIRMINGHAM. WHEN PLAINLY. WITH UNIFORMS IN—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.