

Form No 1.

(1) PLACE OF BIRTH
County of *Wright*
Township of *Johnson*

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

File No.—For State Registrar Only

12342

Inc. Town of Registration District No. *9704* Registered No. *51*
(For use of Local Registrar)
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 *Lester Margie Boyly* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 9 1923</i> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>G. L. Boyly</i>			(14) NAME BEFORE MARRIAGE <i>Annie McCarty</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Hamway 27</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Hamway 28</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>27</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>21</i> (Years)	
(12) BIRTHPLACE <i>I.C.</i>			(18) BIRTHPLACE <i>I.C.</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* *9 am.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *W. E. Rogers*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Hamway 28*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by parent)
W. E. Rogers

(27) Filed *2/23 1923* (28) *W. E. Rogers* 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.