

(1) PLACE OF BIRTH

County of York
 Township of Great River
 OF
 Inc. Town of
 OF
 City of

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

File No. — For State Registrar Only
16273

Registration District No. 4402 Registered No. 37
 (For use of Local Registrar)

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

Bolin

If child is not yet named, make supplemental report as directed

1. BOY OR GIRL <u>boy</u>	4. Twin or Triplet <u>L</u> To be answered only in event of Twin or Triplet	5. Number in order of birth <u>1</u>	6. Are Parents Married <u>yes</u>	7. DATE OF BIRTH <u>May 25</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>James Lawrence Bolin</u>			14. NAME BEFORE MARRIAGE <u>Daisy Carrie Shelling Law</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Fallut us.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Fallut us.</u>	
10. COLOR OR RACE <u>white</u>	11. AGE AT LAST BIRTHDAY <u>21</u> (Years)	16. COLOR OR RACE <u>white</u>		
12. BIRTHPLACE <u>S. Carolina</u>		17. AGE AT LAST BIRTHDAY <u>18</u> (Years)		
13. OCCUPATION <u>Farm.</u>		18. BIRTHPLACE <u>S. Carolina</u>		
		19. OCCUPATION <u>House work</u>		
20. Number of children born to mother, including present birth <u>1</u>		21. Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was my son on the date above stated.
 (23) (Signature) Charles J. Burruss
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Blair, 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 June 1 1923 (28) C. H. Kiker 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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