

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

N. B.—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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Ervin Thomas Boyter*

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Age Parents Married

(7) DATE OF BIRTH

*Aug. 23, 1916*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Brandor Steff. Wadell*

(9) PRESENT POSTOFFICE OF FATHER

*Switzer S C. #1*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*23*

(Years)

(12) BIRTHPLACE

*Shartanburg Co*

(13) OCCUPATION

*Farmer*

(20) Number of children born to mother, including present birth

*one*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Eva Elena Johnson*

(15) PRESENT POSTOFFICE OF MOTHER

*Switzer S C*

(16) COLOR OR RACE

*white*

(17) AGE AT LAST BIRTHDAY

*23*

(Years)

(18) BIRTHPLACE

*Shartanburg Co*

(19) OCCUPATION

*House keeper*

(21) 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* at *3 o'clock P.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Dr. H. H. Workman*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Woodruff S. C.*

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed *Sept 11, 1916*(28) *Ervin Thomas Boyter*

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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74824

Registration District No. *4009* Registered No. *98*

(For use of Local Registrar)