

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Leitchor
Inc. Town ofCity of
(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

65330

Registration District No. 3202 Registered No. 49
(For use of Local Registrar)(2) Full Name of Child Lon. Curtis Boatwright

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 23 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gilbert Boatwright(9) PRESENT POSTOFFICE OF FATHER Mullins S.P. R#3(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 49 (Years)(12) BIRTHPLACE Marion Co., S.C.(13) OCCUPATION Farmer Laborer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Burch(15) PRESENT POSTOFFICE OF MOTHER Mullins S.P. R#3(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Marion Co., S.C.(19) OCCUPATION Domestic Laborer(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. A. Ford(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Centenary St.

Given name added from a supplemental report

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

(27) Filled July 1st 1916 (28) W. A. Ford Local Registrar

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.

NORTH CAROLINA. 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 8.
State of Columbia