

Form No. 1

## (1) PLACE OF BIRTH

County of Newberry  
 Township of At. 5  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43855

Registration District No. 8.470. Registered No. 122  
 (For use of Local Registrar)

(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 Freddie Lee Boyal If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 6, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Fred Boyal  
 (9) PRESENT POSTOFFICE OF FATHER Presporty Se  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (12) BIRTHPLACE Newberry Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Marrin Boyal  
 (15) PRESENT POSTOFFICE OF MOTHER Presporty Se  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (18) BIRTHPLACE Newberry Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was shar at 4.9 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louise Booser

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 tal report

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

(27) Filed Dec. 9, 1922 (28) W. T. Gibson  
 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.

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.