

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.

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of Spartanburg

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

No. 12.—For State Registrar Only
8475

Registration District No. 40 Registered No. 49
(For use of Local Registrar)
St. 6 Ward 6
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Helan Hattie Boyl If child is not yet named, make supplemental report as directed

(3) SEX Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 23 (7) DATE Feb. 27 1923
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur W. Boyl
(9) PRESENT RESIDENCE OF FATHER Spartanburg S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Cotton mill operator
(14) Number of children born to mother, including present birth 17 Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Holcomb
(15) PRESENT RESIDENCE OF MOTHER Spartanburg
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Home
(20) Number of children of this mother now living, including present birth 16 Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was... at 6 P.M.
on the date above stated. (If alive or stillborn) (Hour—A.M. or P.M.)

(22) (Signature) A. W. Boyl
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Spartanburg S.C.

(Given name added from a supplemental report)
.....
19... Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed 4-1 1923 Joe Cooper 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.