

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Georgeor  
Inc. Town of

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 Boysen

File No.—For State Registrar Only

46058

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District, No. 1703 Registered No. 6

(For use of Local Registrar)

(3) BOY OR  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to  
mother, including present birth(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother  
now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born at 5:30 M.,  
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(22) (Signature) Midwife

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)

(26) Filed

Jan 30 1916

(27)

B. J. Appleby

Local Registrar

If there is no attending physician or midwife, then the father, householder, etc., should make this return. If  
the child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.