

## (1) PLACE OF BIRTH

County of Charleston  
 Township of North Charleston  
 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

17224

Registration District No. 1704 Registered No. 47  
 (For use of Local Registrar)

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

## (2) Full Name of Child

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

3) BOY OR GIRL <u>boy</u>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Feb. 2nd 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>William Garfield Boatwright</u>			14) NAME BEFORE MARRIAGE <u>Mary Sheila Sullivan</u>	
9) PRESENT POSTOFFICE OF FATHER <u>North Charleston, S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston, S.C.</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>		18) BIRTHPLACE <u>S.C.</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>1 Four</u>		21) Number of children of this mother now living, including present birth <u>1 Four</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Gault Sr.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Jefferson S.C.

Given name added from a supplemental report

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

(27) Filed 7-6-23 (28) H. H. Menchell  
 Registrar 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.