

(1) PLACE OF BIRTH

County of Calhoun
 Township of Caw Caw
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41148

Registration District No. 801 Registered No. 126
 (For use of Local Registrar)

City of (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 William Bay Boster If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 17 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Baxter

(9) PRESENT POSTOFFICE OF FATHER St. Matthews

(10) COLOR OR RACE C Negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE V.C.

(13) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bell Ellis

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews

(16) COLOR OR RACE C Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE V.C.

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Carrie X. H. H. H.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 23 1922 (28) St. Matthews 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.

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RECORD OF BIRTHS. WITH CERTAINING—THIS IS A PERMANENT RECORD. IN CASE OF DEATH, THE RECORD IS TO BE KEPT IN THE BUREAU OF VITAL STATISTICS, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 6.

RECORD OF BIRTHS. COLUMBIA, S. C.