

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Pleasant Hill  
 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

1761

Registration District No. 2846 Registered No. 20

(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

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 Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 25 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Louis Boness</u>			(14) NAME BEFORE MARRIAGE <u>Sara Cauthen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Heath Springs</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Heath Springs</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(16) BIRTHPLACE <u>Lancaster Co.</u>	
(12) BIRTHPLACE <u>Lancaster Co.</u>			(18) OCCUPATION <u>House Work</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Work</u>	
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Aminda Duncan  
 (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 Jan 30 1922 (28) 5-11-22  
 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.

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