

Form No. 1

(1) PLACE OF BIRTH

County of EdgefieldTownship of Shaw

or

Inc. Town of

or

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 Jersey Boulenger

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets(5) Number in order of birth 4(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 2

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Boyd Boulenger(9) PRESENT POSTOFFICE OF FATHER Trenton, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Edgefield Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Boulenger(15) PRESENT POSTOFFICE OF MOTHER Trenton, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Edgefield Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Mrs. ... at 11:30 A. M. or P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rocelia Shaw(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Trenton S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 20 1922 (28) R. H. Shady 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.

ALSO RESERVED FOR BINDING.

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.

MADE IN COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
42217Registration District No. 181b Registered No. 36
(For use of Local Registrar)

(No. St.; Ward)

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