(1) PLACE OF BIRTH

County of Williamsburg

Township of Penn

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
2715

Registration District No. 4308 Registered No. 2
(For use of Local Registrar)

(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 Sam Willie [redacted] Boozier (If child is not yet named, make supplemental report as directed)

(3) BOY OR 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?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			no	Jan. 8th 1922

FATHER.

(8) FULL NAME: Henry Brown

(9) PRESENT POSTOFFICE OF FATHER: Lanes, S.C.

(10) COLOR OR RACE: negro

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Williamsburg co. S.C.

(13) OCCUPATION: Farm Laborer

(20) Number of children born to mother, including present birth: 12

MOTHER.

(14) NAME BEFORE MARRIAGE: Julia Boozier

(15) PRESENT POSTOFFICE OF MOTHER: Lanes S.C.

(16) COLOR OR RACE: negro

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Williamsburg co. S.C.

(19) OCCUPATION: Farm Laborer

(21) Number of children of this mother now living, including present birth: 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Caroline Frue

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Lanes, S.C.

Given name added from a supplemental report .....

..... 19 ..... Registrar

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

(27) Filed Jan 10th 1922 (28) A. B. Moseley 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.

Bureau of Columbia, Columbia, S. C.

FIRST-BORN," No. 1, THE OTHER, No. 2, etc., in question 5.