

(1) PLACE OF BIRTH

County of AndersonTownship of Langleyor
Loc. Town of Bethor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19690

Registration District No. 2-17-A Registered No. 84
(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 Clifford Lee Boston If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>June 23</u> (Month of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Uscar Holder Boston</u>			14) NAME BEFORE MARRIAGE <u>Elvie Charlie Carter</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Beth, S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Beth, S.C.</u>	
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
12) BIRTHPLACE <u>Edgefield Co. S.C.</u>			18) BIRTHPLACE <u>Anderson Co.</u>	
13) OCCUPATION <u>retire</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>15</u>			21) Number of children of this mother now living, including present birth <u>14</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M.,
(on the date above stated.) (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. R. Turnbull, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Granville, 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 July 12 1969 (28) G. W. Shradley
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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