

(1) PLACE OF BIRTH

County of Pickens
 Township of Castroville
 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

39759

Registration District No. 5700Registered No. 203
(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 Florine Bolding If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 5-22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Dyer Bolding(9) PRESENT POSTOFFICE OF FATHER Liberty # 3(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

MOTHER

(14) NAME BEFORE MARRIAGE Cora Lucille Chapman(15) PRESENT POSTOFFICE OF MOTHER Liberty # 3(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 59
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Wife & Mother(20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was Alive at 6-22 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Clayton H. Havel
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Pickens # 2

Given name added from a supplemental report:

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

(26) Filed Nov-16-1922 D. Bearden 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. A report is desired of stillbirths before the fifth month of pregnancy.