

Form No. 1

(1) PLACE OF BIRTH

County of CalhounTownship of LawsonInc. Town of _____
or _____City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58900

Registration District No. P.O.C. Registered No. 40
(For use of Local Registrar)(2) Full Name of Child Theodore Raymond Bogard If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 20 1916
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME M. G. Bogard(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Three

MOTHER

(14) NAME BEFORE MARRIAGE Theodora G. Arthur(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Farmer wife(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. G. Bogard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

1916

Registrar

(26) Witness S. V. Murphy
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 5 1916 (28) J. H. Murphy 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.

MAGAZINE RESERVED FOR BINDING. WHEN PLACING WITH UNFADING INK—THIS IS A PERMANENT RECORD. IF MADE USE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child and mark on FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 6. McGraw, of Columbia.