

(1) PLACE OF BIRTH

County of CharlestonTownship of CharlestonOR
Inc. Town ofOR
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

48527

Registration District No. 1105 Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Woodson Alexander Boyley

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

(1) BOY OR GIRL <u>Yes</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May, 30, 1916</u>
				(Name of Month) (Day) (Year)

FATHER,

(8) FULL NAME James A. Boyley(9) PRESENT POSTOFFICE OF FATHER Charleston S.C. R.F.D. # 3(10) COLOR White OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

MOTHER,

(14) NAME BEFORE MARRIAGE Ellen Louise Fennell(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C. R.F.D. # 3(16) COLOR White OR RACE White (17) AGE AT LAST BIRTHDAY 29 1/2 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION H. C. F.(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) H. C. Fennell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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Registrar

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

(27) FILED May 22, 1916 (28) James H. Hume 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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