

MARGIN RESECTED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Lanham  
 Township of Lanham  
 or  
 Inc. 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

35258

Registration District No. 2904 Registered No. 137  
 (For use of Local Registrar)

(2) Full Name of Child Willie James Boozer

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

(3) BOY OR GIRL boy (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 9 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Boozer  
 (9) PRESENT POSTOFFICE OF FATHER Shoille, N.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Year)  
 (12) BIRTHPLACE Lanham, S.C.  
 (13) OCCUPATION Butler

MOTHER.

(14) NAME BEFORE MARRIAGE Synthia Sexton  
 (15) PRESENT POSTOFFICE OF MOTHER Lanham, S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Year)  
 (18) BIRTHPLACE near Ora, S.C.  
 (19) OCCUPATION housekeeper

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Bryan  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bryson, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed in ink)  
 (27) Filed Oct 20 1922 (28) Local Registrar J. B. Bryan

\*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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