

(1) PLACE OF BIRTH

County of Richland
 Township of Bluffton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar only
18957

Registration District No. 3800 Registered No. 72
 (For use of Local Registrar)

City of (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 William L. Boyler (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Male</u>	(4) Type of Birth To be covered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age of Child <u>1 yr</u>	(7) DATE OF BIRTH <u>June 8, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William L. Boyler</u>			(14) NAME BEFORE MARRIAGE <u>Elta Leizer</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>College Place</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>College Place</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Richland Co</u>			(18) BIRTHPLACE <u>Richland Co</u>	
(13) OCCUPATION <u>Wage Earner</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) William L. Boyler
 (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) Filed June 12, 1923 (27) W. L. Boyler 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.