

FORM NO. 1

## (1) PLACE OF BIRTH

County of JasperTownship of RobtIncl. Town of orCity of or

(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

90440

Registration District No. 2602 Registered No. 99

(For use of Local Registrar)

(2) Full Name of Child Lois Marine Boyles If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 31, 1916</u> <small>(Name of Month) (Day) (Year)</small>
---------------------------------	--	--	--	--

## FATHER.

(8) FULL NAME Graham W Boyles(9) PRESENT POSTOFFICE OF FATHER Tillman SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE Near Tillman(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lesy Boyles(15) PRESENT POSTOFFICE OF MOTHER Tillman SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17  
(Years)(18) BIRTHPLACE Near Tillman(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1145pm on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. H. C. Boyles

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

WifeTillman SC

Given name added from a supplemental report

(26) Witness 1  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1 10 17 (28) G. E. Conniff  
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.

WHITE 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. THIS OTHER, No. 2, etc., in question 5.