

MARGIN RESERVED FOR BINDING.

WRITE FAIRLY, 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.

City of Columbia.

(1) PLACE OF BIRTH

County of YorkTownship of Broad River

In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75212

Registration District No. 4402Registered No. 33

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

James H. Bolin

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

To be answered only in event of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug 5 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Govet Bolin

(9) PRESENT POSTOFFICE OF FATHER

Campana BC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Cherokee Co

(13) OCCUPATION

Farmer

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

{ 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Etta Bolin

(15) PRESENT POSTOFFICE OF MOTHER

Campana BC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

16

(Years)

(18) BIRTHPLACE

York Co

(19) OCCUPATION

Domestic

(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 5-9 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Salie Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Campana BC

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness

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

(27) Filed

Aug 8 1916

(28)

C. Kirby

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.