

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75212

(1) PLACE OF BIRTH

County of York

Township of Broad River

Inc. Town of

or

City of

Registration District No. 4402

Registered 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 M. Bolin

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 5 1916

FATHER.

(8) FULL NAME Gouvt Bolin

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26

(12) BIRTHPLACE Cherokee Co

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Etta Bolin

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16

(18) BIRTHPLACE York Co

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Smith

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

Given name added from a supplemental report

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

(27) Filed Aug 8 1916 (28) 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.

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.