

(1) PLACE OF BIRTH

County of Union

Township of Boggsville

or  
Inc. Town of Boggs

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

92048

Registered No. 88  
(For use of Local Registrar)

(2) Full Name of Child

(1) BOY OR  
GIRL? Girl

(4) Twin  
or Triplet?

(5) Number in  
order of birth  
To be answered only in event of twins or triplets

(6) Are  
Parent  
Married? Yes

(7) DATE Dec 3  
BIRTH 1916  
(Name of Month) (Day) (Year)

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

FATHER.

(3) FULL  
NAME Webster Oshields

(8) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR  
OR  
RACE White

(12) BIRTHPLACE

(13) OCCUPATION

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

two

MOTHER.

(14) NAME BEFORE  
MARRIAGE Smith

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR  
OR  
RACE White

(18) BIRTHPLACE

(19) OCCUPATION

(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 born alive at 4:30 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. K. Sallee

(24) State whether Physician or Midwife mid. (25) Address of Physician or Midwife Boggs SC

Given name added from a supplement  
report

191...  
Registrar

(26) Witness

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

(27) Filed Dec 3, 1916 (28) Fred L. Woodward  
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If  
a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.

fifth month of pregnancy.