

Form No. 1.

(1) PLACE OF BIRTH

County of Cherokee

Township of Dratansville

Inc. Town of

City of

(No. St.; Ward)
(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

51591

Registration District No. 1001 Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child. Robert Walter Boyle 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 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH 26 1916
To be answered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Boyle

(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Phipps

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 5 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report

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Registrar

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

(27) Filed MA 15 6 (28) [Signature] 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. X. 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. McCay, of Columbia.