

(1) PLACE OF BIRTH

County of AsheTownship of Wards

or

Inc. Town of

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

19680

Registration District No. 24Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Earl Travis Boatwright

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 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar. 26, 1968

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earl Travis Boatwright(9) PRESENT POSTOFFICE OF FATHER Earl(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Ashe Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Estelle Fox(15) PRESENT POSTOFFICE OF MOTHER Earl(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Ashe Co.(19) OCCUPATION Housewife(20) 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 born alive at 1:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. L. Fox(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Ridge Spring

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug. 1, 1968(28) H. C. Darruck 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.

Fifth month in pregnancy.