

(1) PLACE OF BIRTH

County of

Township of

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  
4331

Registration District No. 2203... Registered No. 1...

(For use of Local Registrar)

2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 25, 22

(Name of Month) (Day) (Year)

1922

(8) FULL NAME

E. L. Boy

FATHER

M. Hart

MOTHER

(14) NAME BEFORE MARRIAGE

Same

(15) PRESENT POSTOFFICE OF FATHER

Same

(16) PRESENT POSTOFFICE OF MOTHER

Same

(17) COLOR OR RACE

W.

(18) AGE AT LAST BIRTHDAY

39

(Years)

(19) BIRTHPLACE

S. C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

50

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

(14) OCCUPATION

Housewife

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

11

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

E. L. Boy

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

M. Hart

(26) Given name added from a supplemental report

191.

(27) Witness

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

(28) Filed

Jan. 27, 1922

(29) mrs. Effie Robinson

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.

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