

Form No. 1

(1) PLACE OF BIRTH

County of Colleton
 Township of Blakely
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 780 - For State Registrar Only
 780

Registration District No. 14.A.3 Registered No. 88
 (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

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

(a) SEX Male (b) Age at Birth 1 (c) Number in order of birth 1 (d) Are Parents Married yes (e) DATE OF BIRTH Jan 8, 1923
 (Date of Month) (Day) (Year)

FATHER.

(a) FULL NAME Arthur Boatright

(b) PRESENT RESIDENCE OF FATHER Blakely, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 14

MOTHER.

(a) NAME BEFORE MARRIAGE Mattie Stewart

(b) PRESENT RESIDENCE OF MOTHER Blakely, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Domestic

(14) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Sarah Jones

(22) State whether Physician or Midwife (23) Address of Physn Blakely

Given name added from a supplemental report

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

(25) Filed Jan 9, 1923 (26) Mrs. G. W. Bodley
 Registrar

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