

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lee</u>		STATE OF SOUTH CAROLINA.		90691	
Township of <u>Bethesda</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
or City of .....		Registration District No. <u>2000</u>		Registered No. <u>137</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Jamsiel Boon</u>				{ If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 24</u> 191 <u>6</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Ben Boon</u>			(14) NAME BEFORE MARRIAGE <u>Charlotte Mack</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bethesda</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bethesda</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Lee Co</u>			(18) BIRTHPLACE <u>Lee Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Home Duties</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ..... at ..... 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Sops Washington</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Bethesda</u>					
Given name added from a supplemental report .....			(26) Witness <u>Mrs. N. J. Laney</u>		
....., 191.....			(Signature of witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Dec 26</u> 191 <u>6</u> (28) <u>Mrs. N. J. Laney sub</u> 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.