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

No. 12148 - For State Registrar Only

County of Spartanburg
City of Spartanburg
Town of Dodson
No. 350

Registration District No. 41-A Registered No. 59
(For use of Local Registrar)
(No. Shoney Hospital)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Hamilton Berger Boykin (If child is not yet named, make supplemental report as directed)

1 SEX OR ONLY Boy 2 Type or Triplet — 3 Number in order of birth — 4 Are twins marked Yes 5 DATE OF BIRTH 2 2 1929
(Name of Month) (Day) (Year)

FATHER.
6 FULL NAME Hamilton Berger Boykin
7 PRESENT POSTOFFICE OF FATHER Dodson S.C.
8 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(12) BIRTHPLACE S.C.
(13) OCCUPATION Rural Policeman
14 Number of children born to mother, including present birth 4

MOTHER.
14 NAME BEFORE MARRIAGE Florence Virginia Cummings
15 PRESENT POSTOFFICE OF MOTHER Dodson S.C.
16 COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) William (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg S.C.

Give name added from a supplemental report
19
Registrar

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

(27) Filed 19 (28) 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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