

THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH

County of Abbeville
 Township of N.W. Graham
 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

17310

Registration District No. 109 Registered No. 44
 (For use of Local Registrar)

(2) Full Name of Child

Conn. Boyler

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes. (7) DATE OF BIRTH June 9, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Boyler
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Abbeville Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ora Lee Taylor
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Lancaster Co
 (19) OCCUPATION Housewife
 (21) 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 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ernie Richey
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report

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

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(27) Filed June 14, 1922 (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.