

Form No. 1

(1) PLACE OF BIRTH

County of SpartanTownship of Stateburg

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20361

Registration District No. 4109Registered No. 35

(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Henry Bolden

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 27, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Stennie Bolden</u>			14) NAME BEFORE MARRIAGE <u>Sallie Collins</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Horatio S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Horatio S.C.</u>	
10) COLOR OR RACE <u>Col</u>	11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	16) COLOR OR RACE <u>Col</u>		
12) BIRTHPLACE <u>S.C.</u>		17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
13) OCCUPATION <u>Farmer</u>		18) BIRTHPLACE <u>S.C.</u>		
20) Number of children born to mother, including present birth <u>1</u>		19) OCCUPATION <u>Housewife</u>		
		21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour 12 M. or P. M.)(23) (Signature) Physician or Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Medway, S.C.

Given name added from a supplemental report

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

(27) Filed July 5, 1922 (28) Benj Sander 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH LEADING 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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.