CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31645 X

(1) PLACE OF BIRTH

County of Anderson

Township of Pendleton

or

Inc. Town of Autun

or

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

Registration District No. 310

Registered No. 120 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Lorenzo Boggs

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

(3) Sex or Girl

(4) Twin or Triplet — To be accompanied only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH 11 (Name of Month) 12 (Day) 19 23 (Year)

FATHER

(8) FULL NAME Choice Boggs

(9) PRESENT POSTOFFICE OF FATHER Autun S.C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Pickens Co., S.C.

(13) OCCUPATION Textile Operator

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Jennie Gillispie

(15) PRESENT POSTOFFICE OF MOTHER Autun, S.C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Aud. Co. S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 a M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C. C. Stotton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 18 19 23 (28) H. W. Seawright 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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